

Foster Family Home - Deficiency Report

Provider ID: 1-190100

Home Name: Miriam G. Feliciano, CNA

Review ID: 1-190100-14

819 Ala Liliko'i Street #1

Reviewer: Ryan Nakamura

Honolulu HI 96818

Begin Date: 8/8/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/8/2024).

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Client #1 unaware of use of cameras in common living areas and did not give consent of use of cameras at time of inspections.



Compliance Manager



Primary Care Giver



Date

Date