

Provider ID: 4-200072

Home Name: Maryfe A. Queja, CNA

Review ID: 4-200072-9

225 South Mokapu Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/4/2024

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 annual inspection for 2 bed CCFFH. Report issued via email following the inspection with written plan of correction due to CTA by 11/4/2024.

42. The CCFFH did not have evidence of a current 1147 for client #2.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(c)(1) - The CCFFH had video monitors present in the bedrooms of client #1 and #2 and throughout the common living areas including the kitchen and living room. The CCFFH did not have documentation from client #1 or #2 or their POAs permitting the use of video monitoring.

Foster Family Home


Personnel and Staffing

[11-800-41]

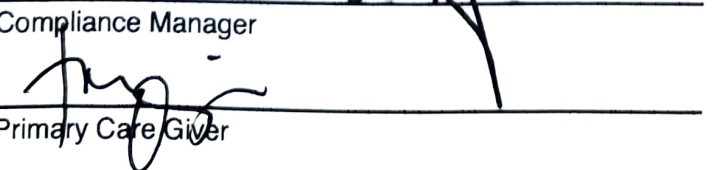
41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

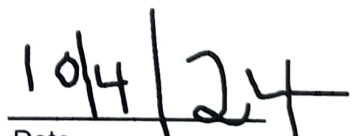
41(a), 41.(a)(4) - Upon arrival to the CCFFH, no caregiver was present within the CCFFH. CG#1 was noted to be exiting a doorway near a cottage located behind the CCFFH. CG#1 stated that CG#2 was previously present in the CCFFH, however CG#2 indicated that he had been upstairs in a separate area of the building.



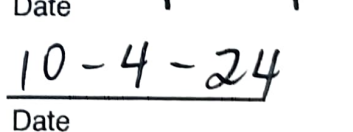
 Compliance Manager



 Primary Care Giver



 Date



 Date