

# Foster Family Home - Deficiency Report

Provider ID: 1-220009

Home Name: Jendy Galicinao, CNA

Review ID: 1-220009-8

94-1038 Hahana Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/24/2024

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/24/24).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- CCFFH's window blinds/screens in Client #1 and Client #2's bedrooms and living room were dusty.

## 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)- No consents present from Client #1 and Client #2/POAs; CCFFH with video surveillance in the living room and kitchen and inside Client #1's bedroom. Use of video surveillance camera without proper consent is a violation of client's privacy rights.

Maribel Nakamine, RN 10/24/24  
Compliance Manager Date  
Jendy Galicinao 10/24/24  
Primary Care Giver Date