

Foster Family Home - Deficiency Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

Review ID: 1-594673-18

91-1643 Auwaha Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 11/25/2024

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 re-certification inspection.

Client#2 have an expired Form 1147 on 11/3/2024.

Deficiency Report issued during CCFFH inspection via email on 11/25/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#3.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:


Comment:

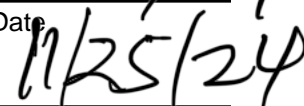
50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#4 did not receive the training and sign the acknowledgement form.



Compliance Manager


Primary Care Giver



Date


Date