

# Foster Family Home - Deficiency Report

Provider ID: 1-589343

Home Name: Jane Cutaran, CNA

Review ID: 1-589343-15

94-344 Lehopulu Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/20/2024

## 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: 11/18/2024).

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): No evidence provided by CCFFH of current APS/CAN clearance for CG#2. APS/CAN clearance was due by 11/2/2024.

## 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:


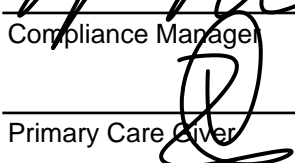
16.(b)(5): No evidence provided by CCFFH of CG#2 and CG#3 completed CCFFH's confidentiality/privacy training. No documentation provided.

## 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): No evidence provided by CCFFH of CG#2 and CG#3 trained for CCFFH's emergency preparedness plan. No signatures noted.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date