

Foster Family Home - Deficiency Report

Provider ID: 1-210018

Home Name: Leticia Torricer, CNA

Review ID: 1-210018-9

94-423 Uanii Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 11/13/2024

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: 11/13/2024).

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): No evidence of MD/APRN/DO signature noted on CG#2's current TB clearance.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No evidence of written consent provided by CCFFH of consent of living in a shared room by client #1 and client #2's responsible party.

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:

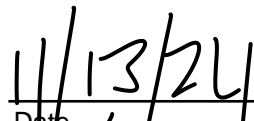
53.(b)(9): No evidence of written consent/acknowledgment by client #1's responsible party of use of camera/monitor in common living area.



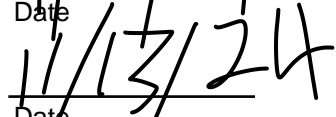
Compliance Manager



Primary Care Giver



Date



Date