

Foster Family Home - Criteria Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID:

94-1062 Kahuamoku St.

Reviewer: Carrie Wakai

Waipahu

HI

96797

Begin Date: 11/22/17

End Date: 12/07/17

Foster Family Home

Required Certificate

[17-1454-6]



6.(b)

Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d)

To be certified as a community care foster family home, a person, agency, or organization shall:



6.(d)(1)

Comply with all applicable requirements in this chapter; and



6.(d)(2)

Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: 6.d.1 Home visit made for a 3 bed recertification survey. Corrective action report was issued during the visit with a corrective action plan due to CTA by 12/22/2017.

52(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets and significant events that may impact the life, health, safety or welfare of, or the provision of services to the client, including but not limited to adverse events.

Comment:

52.c.6- Personal care checklist incompletely filled out on client #2 and client #3.

Carrie Wakai (RN)
Compliance Manager

11/22/2017
Date

[Signature]
Primary Care Giver

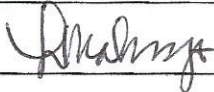
11/07/17
Date

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Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.c.6	The home already completed the personal care checklist on client # 2 & client # 3	11/23/17	PCG will make sure that it is is filed in the binder/chart at all times so this will not happen again in the future - Even though I'm Even though I'm so tired at the end of the day I make sure the I do my client chart every night of pm

Primary Caregiver's Signature: 

Print Name: Lemelyn Malugo-Mabuti Date of Signature: 12/7/17