

Foster Family Home - Corrective Action Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-4

1921 Ulana Place

Reviewer: Carrie Wakai

Honolulu HI 96819

Begin Date: 2/22/2018

End Date: 3/13/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1-Home visit made for a 2 bed CCFFH recertification survey.
A corrective action report was issued during the visit with a corrective action plan due to CTA by 3/23/2018.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1)-E-crim lapsed for CG#1, CG#3-CG#4 due 1/13/17 done 1/08/18. Also, HHM#1's E-crim was due 1/13/17 done 1/08/18.

Foster Family Home Personnel and Staffing [17-1454-41]

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

Comment:

41(b)(7)-No proof of positive tuberculin skin test and/or Chest xray on CG#3 and HHM#1.

Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-RN delegation for clients #1 & #2 not done for CG #2 and CG #4.

Carrie Wakai
Compliance Manager

2-23-18
Date

cdmanog
Primary Care Giver

2-23-18
Date

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

CCFFH Name: Concepcion Manog Foster Home
 CCFFH Address: 1921 Ulana Place, Honolulu, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1.(a)(1)	Lapse of E-crim cannot be corrected. It was just done on 1/8/18.	2/23/18	I understand the background check requirements for Foster Home. In the future, I will make sure that all caregivers and household member's E-crim will be checked before the expiration date. I will write on my desk calendar and input an alert to my cell phone calendar 3 months before to prevent any future lapses of background check requirements. I will also develop a spreadsheet to keep tract when background check requirements are due.
41.(b)(7)	PPD test was done and TB clearance was obtained for the following caregivers and household member from their PCP. Placed into home records. CG#1 = 2/28/18	2/28/18 3/1/18	I will use calendar reminder; input an alert to my cell phone calendar and use spreadsheet to keep tract when requirements are due 3 months before they expire to allow me time to get them done before they are expired.

	HHM#1= 3/1/18 and CG#3 = Proof of Positive PPD Mantoux Test Record dated 5/26/99	2/23/18	
43.(c)(3)	RN delegation for Clients #1 and #2 was done by CMA for CG#2 and CG#4. It was placed into the client's records/binders.	3/12/18	I will notify client's CMA that RN delegation needs to be performed within 5 days of a caregiver added to the home. I have developed a spreadsheet and calendar for each caregiver in my personnel binder with all due dates of requirements.

Primary Caregiver's Signature: *Conception Mang*

Print Name: CONCEPTION MANG

Date of Signature: 3-13-19