

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-180031

**Home Name:** Clarita Manzano, NA  
3080 Kalihi Street  
Honolulu HI 96819

**Review ID:** 1-180031-1

**Reviewer:** Angel England

**Begin Date:** 7/11/2018

**End Date:** 8/7/18

## **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 new 2 bed application. Corrective Action Report issued during home visit with a written plan of correction due to CTA by July 27, 2018.

## **Foster Family Home**      **Information Confidentiality**      **[17-1454-13.1]**

13.1.(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:

13.1.b.5 No confidentiality/privacy training present for HHM#1 or HHM#2.

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

41.(a)(2) Be a NA, an LPN, or a RN;

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.a.2 No CNA certificate present in record for CG#2.

41.f.1 CG#2 only has a TB screening present in record. No documented positive TB and/or chest x-ray present.

## **Foster Family Home**      **Physical Environment**      **[17-1454-48]**

48.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

48.a.2 No grab bars around toilet area present.

48.b.2 There is a 2nd bed in the client room. However, home states the room will not be a shared room.

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Foster Family Home

Client Rights

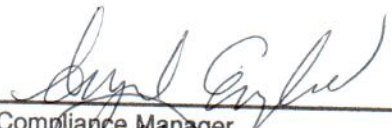
[17-1454-50]

50.(b)(13)

Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

50.b.13 There are household items present in client closets. This would not allow clients to be able to utilize them for their personal belongings.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

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

CCFFH Name: Clarita H. manzano  
 CCFFH Address: 3080 Kalini St Hon. H. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6.d.1	I have review and checks to comply all requirements of my application for 2 bedroom. = clear all the bedroom closet.	7/13/18	I have to double check all the requirements and comply what is to be done before I submit my application to prevents mistakes and errors. - take out all household items inside the closet so when client move in have space for their own belongings.
13.1.5	HHM #1 and HHM #2 was trained on confidentiality and signed the form. The form was place on the binder.	7/18/18	All new household and caregivers members will Received the training within 10 days of being added to the house.
41.a.2	GC #2 [redacted] provide me her CNA certificate and put on the binder for Records.	7/18/18	Having a CNA certificate to proof that she allow to work and perform duties as caregiver.
41.f.1	GC #2 [redacted] obtained TB Clearance. It was place to my binder for Records.	7/20/18	I have to check carefully and Review up to date requirements so have time to acquire

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: CLARITA manzano

Date of Signature: 7/25/18



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

CCFFH Name: Clarita H. manzano  
 CCFFH Address: 3080 Kaluhi St Hon. HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.a.2	Install the grab bar around toilet area.	7/20/18	Put the grab bar around the toilet area so that the client prevent from falls and ensure their safety.
48.b.2	Removed one bed in client room put on my storage	7/15/18	take out one bed in the client room, so no sharing and more space, have their own privacy.
50.b.3	take out every thing what inside the closet.	7/15/18	everything inside the closet was all removed. so client can use them for their own personal belongings

Primary Caregiver's Signature: \_\_\_\_\_

*Clarita Manzano*

Print Name: CLARITA manzano

Date of Signature: 7/25/18