

# Foster Family Home - Corrective Action Report

Provider ID: 1-180042

Home Name: Jovelyn Manaois, CNA

Review ID: 1-180042-2

91-837 Kauwill Street

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 6/10/2019



## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 6/10/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/10/19.

## Foster Family Home Client Care and Services [11-800-43]

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 16-89-100.

Comment:

43.c.3 CG# 3 has no delegations signed for Client #1 or #3 <sup>2 J.M</sup>

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e No doorbell or intercom present at front gate, dog present in front yard.


## 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;

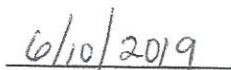
Comment:

53.b.9 No locks on client rooms or bathroom.

  
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: Jovelyn C. Manaois

CCFFH Address: 91-837 Kauwili Street Ewa Beach Hawaii 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c.3	We went to there office to do RN delegation by client's Case Management Agency for Caregiver #3 and it was signed place in client record.	06/14/19	I will developed a scheduled calendar for all my caregiver in the front of the personnel binder with all due dates
50.e	My household member help us to installed the doorbell in front of the house alerting us to the presence of the visitor.	06/11/19	I shall inspect that my doorbell is working through the years.
53.b.9	My husband replaced client's locks on their rooms and in the bathroom for their personal needs and for their privacy.	06/11/19	I will make sure that i have extra keys to open up their rooms including the bathroom and place in a safe place and easy to find just incase of emergency.

Primary Caregiver's Signature: *J. Manaois*

Print Name: Jovelyn C. Manaois

Date of Signature: 06/15/2019