

Foster Family Home - Corrective Action Report

Provider ID: 1-190096

Home Name: Dymphna Manayao, CNA

Review ID: 1-190096-3

1542 Iao Lane

Reviewer: Maribel Nakamine

Honolulu HI 96817

Begin Date: 10/1/2020

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

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 11/1/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#2, HHM#3, HHM#4, HHM#5, HHM#6, HHM#7, and HHM#8 were without APS/CAN/Fingerprinting results in home binder.

Foster Family Home Information Confidentiality [11-800-16]

16.(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:

16.(b)(5)- HHM#2, HHM#3, HHM#4, HHM#5, HHM#6, HHM#7, and HHM#8 without evidence of confidentiality training and client privacy rights.

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

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

Comment:

41.(f)(1)- No results of TB clearances in home binder for HHM#2, HHM#3, HHM#4, HHM#5, HHM#6, HHM#7, and HHM#8.

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Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(a)(1)- No non-slip rug/rubber mat seen in clients' shower.
- 49.(a)(4)- Kitchen door emergency exit was obstructed with multiple ac units, large boxes, etc.
- 49.(c)(3)- Clients' shower faucet is continuously leaking water.

Foster Family Home

Insurance Requirements

[11-800-51]

- 51.(a)(1) General;

Comment:

- 51.(a)(1)- CG#3 and CG#4 had no evidence of having general liability insurance coverage.

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;

Comment:

- 54.(a)(1)- No Evacuation Map seen in CCFFH.

Shewkil Nakamizi, M
Compliance Manager

10/1/2020
Date

Almanayw
Primary Care Giver

10.1.2020
Date

CTA RN Compliance Manager: MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: DYMPHNA MANAYAO
(PLEASE PRINT)

CCFFH Address: 1542 IAO LANE HONOLULU, HAWAII 96817
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1),(2)	APS/CAN/FINGERPRINTING was obtained for HHM#2, HHM#3, HHM#4, HHM#5, HHM#6, HHM#7, HHM#8. it was placed in Home Binder.	10/20/20	I will make sure to check the property/house before renting if its a single family home or not and make sure that everyone will have their APS/CAN/FINGERPRINTING.
16.(b) (5)	HHM#2, HHM#3, HHM#4, HHM#5, HHM#6, HHM#7, HHM#8 were trained on confidentiality policies and client privacy rights. Completed form was filed on Home Binder.	10/02/20	PCG will make sure that all household member have their signature on file
41.(f) (1)	Obtained TB CLEARANCES FOR HHM#2, HHM#3, HHM#4, HHM#5, HHM#6, HHM#7, HHM#8 and placed to Home Binder	10/05/20 10/06/20 10/07/20	PCG will make sure that all household member have their tb clearances all done.
49.(a) (1)	Placed non slip rubber mat in client's shower.	10/05/20	I will always make sure that client's shower will have non slip rug/rubber mat.
49.(a) (4)	Cleaned and cleared kitchen door emergency exit	10/02/20	PCG and Household will maintain clear and wide emergency door exits.

All items that were fixed are attached to this CAP

PCG's Signature: *Dymphna Manayao*

Date: 10/22/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: DYMPHNA MANAYAO
(PLEASE PRINT)

CCFFH Address: 1542 IAO LANE HONOLULU, HAWAII 96817
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
49.(c) (3)	Repaired leaking faucet in client's shower.	10/07/20	Home will fix or repair any leaking immediately.
51.(a) (1)	Obtained general liability insurance coverage for CG#3 and CG#4.Placed in home binder.	10/06/20	I will make sure to add all my new SCG's on the general liability insurance coverage.
54.(a) (1)	Made evacuation map and displayed on the wall.	10/10/20	PCG will always make sure to have evacuation map on the house.

All items that were fixed are attached to this CAP

PCG's Signature: *Dymphna Manayao*

Date: 10/22/20

CTA has reviewed all corrected items