

Foster Family Home - Corrective Action Report

Provider ID: 1-634916

Home Name: Jovy Bumanglag, CNA

Review ID: 1-634916-7

86 Mahele Loop

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 2/3/2021

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of corrections due on 3/3/2021.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No Basic Skills Checklist present for CG#2 on Client #1.

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)- No RN delegations for CG#3 [REDACTED] Client #2.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

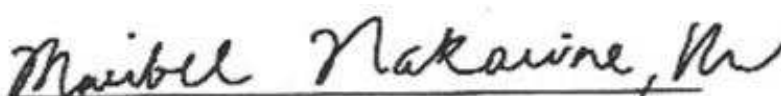
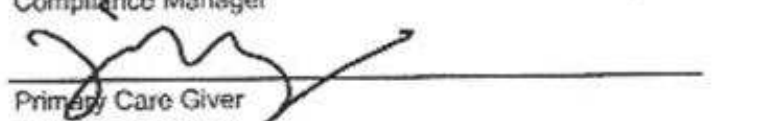
(3P)(b)(6)Fire- CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart/binder.


Compliance Manager

Primary Care Giver

2/3/2021
Date
2/3/2021
Date