

Foster Family Home - Corrective Action Report

Provider ID: 1-200026

Home Name: Mary Anne Manibog, RN

Review ID: 1-200026-3

91-1345 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 4/6/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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 delegation or skills competency for client #1 for caregiver # 2

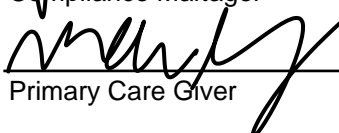
Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No documentations of fire drills since 2020

 RN
Compliance Manager


Primary Care Giver

4/6/21
Date

4/6/21
Date