

Foster Family Home - Corrective Action Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-8

1921 Ulana Place

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/25/2021

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/25/21.

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

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - No RN delegations to CG #5 for client #1 and Client #2.

David A Ayling RN
Compliance Manager

dm manog
Primary Care Giver

3/25/2021
Date

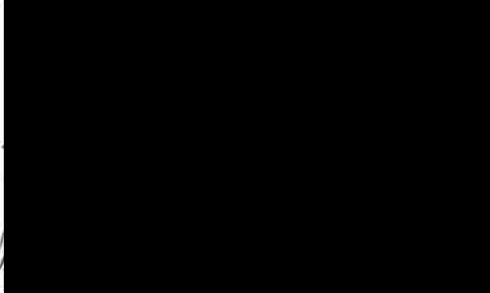
3/25/2021
Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: CONCEPCION MANDU

CCFFH Address: 1901 ULANA PL. HONOLULU HI. 96819
(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?
47-(b)	Case manager (RN) delegated all skills and medications for client #1 & client #2 to caregivers.		I will have all delegations done within 2 wks of admission of a client. 

All items that were fixed are attached to this CAP

PCG's Signature: Concepcion Mandu

Date: 5-02-21

CTA has reviewed all corrected items