

Foster Family Home - Deficiency Report

Provider ID: 1-190096

Home Name: Dymphna Manayao, CNA

Review ID: 1-190096-5

1542 Iao Lane

Reviewer: Julie Hastings

Honolulu

HI 96817

Begin Date: 9/17/2021

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 completed for a 2 person CCFFH recertification

Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/17/2021

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c) CG#2 doesn't have any training documents for 2020. Should have a minimum of eight hours for a 2 client CCFFH.

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# 2 and CG#4 not delegated for client #1

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)

No Fire Drill by CG#2 in 2020



Compliance Manager



Primary Care Giver

9/17/2021

Date

9/17/2021

Date

CTA RN Compliance Manager: Julie Hastings

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?
41.(c)	Inservice for Cg#2 was taken and placed into Home binder.	9/25/21 9/26/21	■ CG is not aware that Cg#2/HHM (less than 3 hours) needs 8Hrs inservice. However, ■ cg will make sure that ■ cg#2 will get inservice training in the future.
43.(c) (3)	RN delegation for client#1 completed and signed by Cg#2 and Cg#4 and placed into client binder.	9/27/21	■ cg will contact the RN case managers to make sure delegation is completed before ■ CG provides care to clients.
46.(b) (2)	Lapsed cannot be corrected.	9/25/21	■ cg will make sure that all ■ cg will conduct fire drill once a year. Home will use smart phone calendar to input reminder.

All items that were fixed are attached to this CAP

PCG's Signature: D Manayao

Date: 9/30/2021

CTA has reviewed all corrected items