

# Foster Family Home - Deficiency Report

Provider ID: 1-561284

Home Name: Melendrina Bumanglag, CNA

Review ID: 1-561284-8

94-1014 Hohola Street

Reviewer: Julie Hastings

Waipahu

HI 96797

Begin Date: 10/1/2021

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 11/04.2021.

## 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)

~~CG#4~~ does not have TB clearance or declination form. HHM #4; not CG #4. SLY

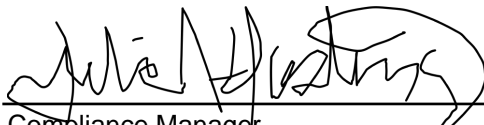
## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

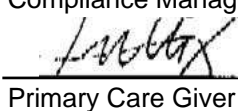
(3P)(b)(4) Staff

CG#3 does not have a 3 Client Approval

  
\_\_\_\_\_  
Compliance Manager

10/01/2021

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

10/04/2021

\_\_\_\_\_  
Date

CTA RN Compliance Manager: TERRI VAN HOUTEN RN

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

PCG's Name on CCFFH Certificate: MELENDRINA BUKANGLAG  
(PLEASE PRINT)

CCFFH Address: 94-1014 HOKOLA ST. WAIPAHU, HI 96797  
(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?
41.1-1	MY [REDACTED] [REDACTED] [REDACTED] WILL HAVE HIS TB TEST ON MONDAY 10-11-21 AT THEIR SCHOOL BREAK.	10-12-2021	NEXT TIME I DOUBLE CHECK IF NEED OR NOT. THE ONLY THING I FORGOT IS MY [REDACTED] IS ONLY [REDACTED] YEARS OLD.
3P.64	WORKING WITH [REDACTED] [REDACTED] TO HAVE HER PAPERS DONE. HOPE TO BE FINISHED BY 10-11-2021	10-10-2021	HOME WILL USE A WALL CALENDAR TO CHECK DUE DATES. CHECK ALL MEDICATION IF EVERYTHING IS TO BE IN ORDER.

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 10/07/2021

CTA has reviewed all corrected items