

Foster Family Home - Deficiency Report

Provider ID: 1-170088

Home Name: D.M. Karla Bumanglag, RN

Review ID: 1-170088-7

94-440 Kahualena Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 11/16/2021

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

Deficiency Report issued during home inspection with all approved written corrections due to CTA within 30 days.

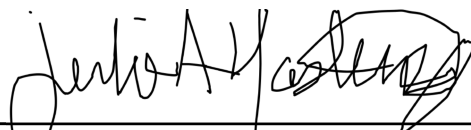
Foster Family Home Client Care and Services [11-800-43]

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)

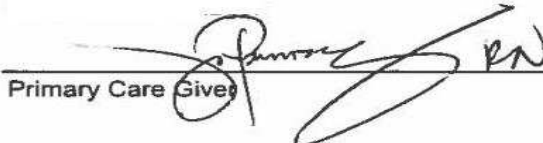
CG#2 is not delegated for Client #2



Compliance Manager

12/2/2021

Date



Primary Care Giver

12/3/2021

Date

CTA RN Compliance Manager: Julie Hasting, RN

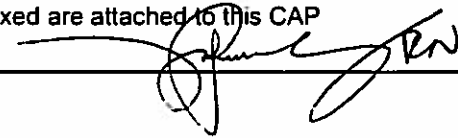
Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: D.M. Karla O. Bumanglag, RN
(PLEASE PRINT)

CCFFH Address: 94-440 Kahualena Street, Waipahu, Hawaii 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?
43.(c) (3)	RN Delegation was done for CG #2 by the client's CMA(Client #2). It was placed into the client record.	11/16/21	Home will notify client's CMA that RN delegation need to be done within 30 days of a caregiver being added to the home.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 12/3/2021

CTA has reviewed all corrected items