

Foster Family Home - Deficiency Report

Provider ID: 1-591364
Home Name: Lourdes Bumanglag, CNA
 2423 A Rose Street
 Honolulu HI 96819
Review ID: 1-591364-10
Reviewer: Julie Hastings
Begin Date: 10/21/2021

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 CCFH recertification
 Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 11/23/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) HHM#3, HHM#4 do not have any fingerprints. Appt. 10/7/2021. No results in binder.

8.(a)(2) HHM#1 and HHM#2 APS/CAN lapsed was done 10/3/19. Was due on or before 10/3/2021. No new APS/CAN.

HHM#3 and HHM#4 have no APS/CAN. They had appt 10/7/21. No result in binder.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

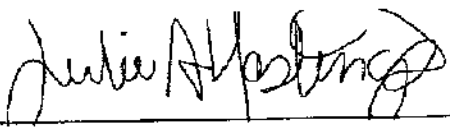
6.(b)(5) CG#1, CG#2, CG#3, CG#4, CG#5, HHM#1, HHM#2, HHM#3, HHM#4, HHM#5, HHM#6 do not have privacy/confidentiality training.

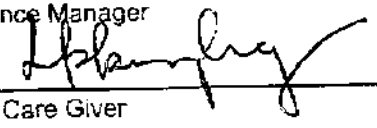
Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) HHM#3, HHM#4, HHM#5, HHM#6 do not have TB clearance, or a TB declination form.



 Compliance Manager


 Primary Care Giver

10/21/2021

 Date
 10/21/2021

 Date

CTA RN Compliance Manager: Ms. Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Lourdes B. Bumanglag
(PLEASE PRINT)

CCFFH Address: 2423-A Rose Street, Honolulu, Hawaii 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?
8(a)(1)	HHM 3 and 4 my renters obtained a background checks.	12/13/21	In order to remember the expiration of my documents I will place the expiration date on my calendar one month before the due date
8(a)(2)	HHM 1 and HHM #2 re-apply APSICAN	9/22/21 and 12/10/21	I did anyway. I will always ^{mark} my calendar ahead of time (1 month) before it will due.
	HHM 3 and HHM 4 appt 10/7/21. Should be HHM #5 and HHM #6 my new renters. They did a background checks	10/7/21	Complying the current rules and regulations I will always remember one month before their expiration of their documents.

All items that were fixed are attached to this CAP

PCG's Signature: Lourdes B. Bumanglag

Date: 12/19/21

CTA has reviewed all corrected items

CTA RN Compliance Manager: Van Terri Houten RN.

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

PCG's Name on CCFFH Certificate: Lourdes B. Bymanglag
(PLEASE PRINT)

CCFFH Address: 2423-A Rose Street, 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?
b(3)(5)	CG #1, CG #2, CG #3, CG #4 and CG #5, HHM #1, HHM #2, HHM #3, HHM #4, HH #5 + HHM #6. I reviewed the [redacted] privacy/confidentiality w/ my caregivers and household members and let them sign it.	10/12/21 10/27/21	I will have this forms signed every time i have a new caregiver and household members. I will place the expiration date on my calendar one month before the due date
4(f)(1)	HH #3, HHM #4, HHM #5 and HHM #6, Household members 3, 4, 5, 6 does not come to the clients area have separate outlet.	12/19/21	I will have this forms signed and placed in my CTA chart. (CTB declination Form) I will place the expiration date on my calendar one month before the due date

All items that were fixed are attached to this CAP

PCG's Signature: Lourdes B. Bymanglag

Date: 12/19/2021

CTA has reviewed all corrected items