

# Foster Family Home - Deficiency Report

Provider ID: 1-200026

Home Name: Mary Anne Manibog, RN

Review ID: 1-200026-5

91-1345 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 3/10/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) No proof of current TB clearance for CG 1

## 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) No RN delegation present for Client # 1 for [REDACTED], or client # 2 for [REDACTED]

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) internal emergency management policies has not been signed by caregivers 2 and 3

## Foster Family Home Records [11-800-54]

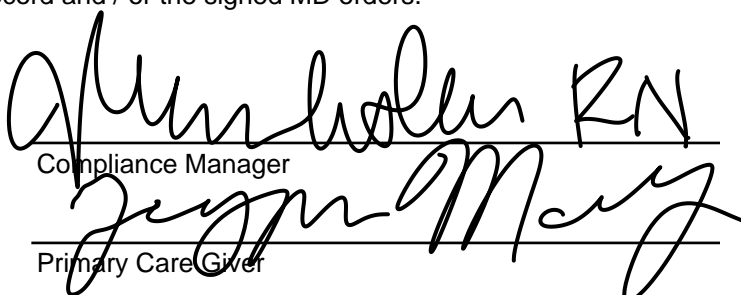

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

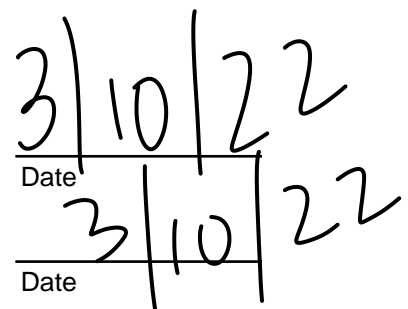
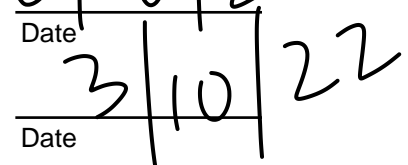
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for clients [REDACTED] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client [REDACTED] and [REDACTED] medication prescription label did not match medication administration record and / or the signed MD orders.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Mary Anne Manibog

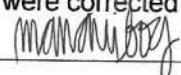
(PLEASE PRINT)

CCFFH Address: 91-1345 Kamahoi Street Ewa Beach, HI 96706

(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.(b)(5)<br>(C)(ii) | Current TB clearance placed to CG's binder. Tuberculosis symptom screening form was done [REDACTED] by MD. However, original was taken out in order to make a copy of it and was forgotten to put it back in the binder.                                    | 3/10/22                       | Home will use a calendar to identify when the requirement is due. Also, home will make sure that the document will be placed in binder before expiration.             |
| 50.(a)               | Internal emergency management policies were signed by CG#2 and CG# 3  | 3/10/22                       | Home will review binder at the beginning of every month to make sure that all documents are up to date and all policies were signed by all caregivers.                |
| 54.(c)(2)            | CMA was contacted regarding the service plan for client [REDACTED] CMA was informed that client [REDACTED] is [REDACTED] and does not use [REDACTED] CG to follow MD order when it comes to [REDACTED] Updated service plan was placed into client's record | 3/21/22                       | Home will review service plan with RN CMA during monthly visit to make sure that it is up to date and also to make sure that information are matching with MD orders. |
| 54.(c)(5)            | Client [REDACTED] medication reconciliation completed with CMA and no errors found  | 3/11/22                       | Home will continue to perform medication reconciliations monthly with CMA.  |

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 4/6/2022

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Reply to Terri Van Houten RN /Jackie Chamberlain RN

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

PCG's Name on CCFFH Certificate: Mary Anne Manibog

(PLEASE PRINT)

CCFFH Address: 91-1345 Kamahoi Street Ewa Beach, HI 96706

(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?   |
|---------------|---|-------------------------------|---|
| 54.(c)<br>(5) | Client [REDACTED] CMA was contacted and medication reconciliation was completed. [REDACTED] and [REDACTED] were updated according to MD order. [REDACTED] time was changed from [REDACTED] and [REDACTED] to [REDACTED] and [REDACTED] was changed from [REDACTED] to [REDACTED] New MAR given by CMA and placed in binder. | 3/15/22                       | All caregivers will look at all the medication administration records and bottles to ensure they both match every time prior to giving a medication. Home will immediately notify CMA, pharmacy and/or doctor if they are different |
| 43.(c)<br>(3) | According to CMA, original delegation for client [REDACTED] medication was done in [REDACTED] It was placed into client's record<br><br>Delegation for [REDACTED] was supposed to be done today for client [REDACTED] during nurse monthly visit, but [REDACTED] was discontinued [REDACTED]                                | 3/29/22<br><br>4/6/22         | Home will notify client's CMA that RN delegation needs to be done within 14 days after MD order received.   |



All items that were fixed are attached to this CAP

PCG's Signature: Date: 4/6/2022

CTA has reviewed all corrected items