

# Foster Family Home - Deficiency Report

Provider ID: 1-210062

Home Name: Marjaneh Manayan, CNA

Review ID: 1-210062-3

94-1118 Kahuanui Street

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 5/19/2022

## 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 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:

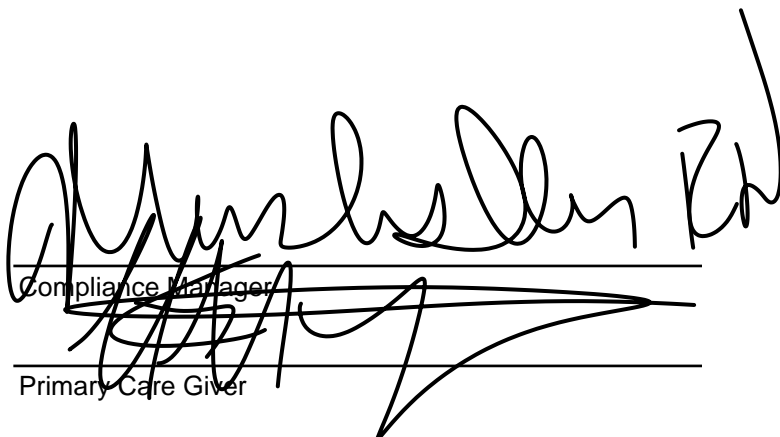
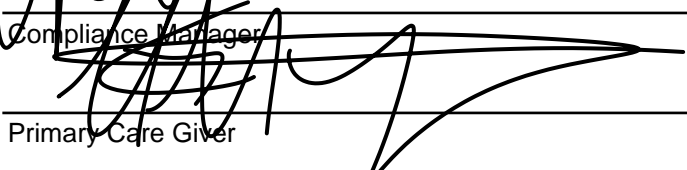
43.(c)(3) No RN delegation present for Client [REDACTED] for [REDACTED] [REDACTED]

## 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;

Comment:

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice for frequency of [REDACTED] [REDACTED] ordered states see MD order but no signed MD order could be located

  
Compliance Manager  
  
Primary Care Giver

5/19/22  
Date  
5/19/22  
Date

5/19/2022 1:47:27 PM