

# Foster Family Home - Deficiency Report

Provider ID: 1-190054

Home Name: Ahsly Ann Mangunay, CNA

Review ID: 1-190054-5

94-1041B Kaaholo Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 6/9/2022

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

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

Comment:

Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 7/9/2022. (30 days from the date the CCFFH is given their deficiency report)

## 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 CG#1 has red light fitness on 4/19/2021 and did not request an exemption.

8.a.1. AND. 8.a.2. CG#2 is lapse on 1 year APC/CAN/FP requirement. CG#2 has to redo process.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.8. Caregivers BBP are expired or missing. CG#1 expired 1/28/2022, CG#2 expired 1/13/2020, CG#3 is missing BBP.

41.c CG#1 needs 12 CE and is missing 5 CE credits, CG#2 needs 8 CE and is missing 2 CE credits, CG#3 is missing 7 CE credits.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a and 46.b.2. Last fire drill conducted was on 3/10/2020. No drills were conducted afterward.

# Foster Family Home - Deficiency Report

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;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.c.2. Service plan is not up to date, 8/8/2021 for Client#1.

54.c.5. Client#1, Last MAR entries was in NOV 2021. No MAR nor entries since DEC2021 thru JUN2022.

54.c.6. Client#1 Last daily checklists was entered in NOV2021. No checklist nor entries since DEC2021 thru JUN2022. Last RN visit was 1/24/2022

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Ahsly Ann Mangunay

(PLEASE PRINT)

CCFFH Address: 94-1041 B Kaaholo 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?
8.(a)(1)	I scheduled myself to get a new fingerprint and when result came in I requested an exemption letter and submitted all required forms as soon as possible.	06/20/22 11/01/22	I will need to make sure I submit my exemption letter every time I get my fingerprint within the first 30 days of the result.
8.(a)(2)	CG#2 scheduled her APS/CAN/FP and got her new criminal history record check and will be doing another one consecutively.	06/20/22	Every expiration date of any forms for myself and my CG's will be written down and reminded to me ahead of time in the future.
41.(b)(8)	Blood borne pathogen for myself and all my CG's are currently updated and it was just not in my binder at the time of the inspection.	06/10/22	I will be more organized and make sure all my paper works are up to date and in my binder all the time.
41.(c)	My in-service training along with my two CG's in-service training are all up to date and are all complete of hours if not more than required for the year. My paper works were all over the place and the reason why the RN must've missed it the time.	06/10/22	All paper works will properly stored in my binder for easy access and will be seen properly by any inspections in the future to avoid citations.
46.(a)	I had my smoke detectors checked and changed batteries to make sure it is working properly. As for the fire drill, we conducted fire drill along with my CG's and clients to update our knowledge and proper documentations in the future.	06/15/22	I have set a reminder schedule for myself to conduct at least once a month of fire drill in different times of the day for me and my CG's along with my clients and will be documenting and have everyone signed for proper documentations.

☒ All items that were corrected are attached to this POCPCG's Signature: Date: 07/05/22☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

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Chapter 11-800**

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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?
46.(b)(2)	Myself and all ■ CG's have been properly trained on what to do in case of emergency and all conducted fire drills and documented and maintain records in the home.	6/19/22	Fire drills will be continuously conducted at least once a month and will be properly documented at all times to maintain record.
54.(c)(2)	I have requested from case management to email and mail all updated service plan every six months and will be appropriately documented and intact in my binder at all times.	6/12/22	I have set a reminder and schedule a follow up ahead of time to request all up dated service plan from the agency for my clients and make sure to have it available within my binder at all times.
54.(c)(5)	I separated the monthly MAR form and placed it in a clipboard and always have it within the clients vicinity along with my clients medications so I will be able to log every single time I administer clients meds.	06/15/22	Always make sure to log and document all administered medication every single time, everyday. Also to make sure to double check all MAR entries are updated monthly.
54.(c)(6)	I have updated all of CL#1 daily checklist and separated it in a clipboard that I have available so I can easily document all personal care done for my clients.	06/20/22	I have set aside monthly daily checklist form in a clipboard along with my MAR entries to have all client observation and services performed on my clients everyday and to make sure it will be properly organized in my binder by the end of the month to make sure everything is up to date.

☒ All items that were corrected are attached to this POCPCG's Signature: Date: 07/05/22☒ CTA has reviewed all corrected items