

Foster Family Home - Deficiency Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

Review ID: 1-594673-14

91-1643 Auwaha Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/9/2022

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 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

Foster Family Home Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) CG 1 has no proof of exemption for red light

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) CG 1 has no proof of current clearance

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) client 1 has no MD orders for medications or other care

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) Client 2 contract does not list any dollar amounts or the client's personal funds. CG 1 reports client's bank account has not been accurate but CMA social worker has not been notified to investigate

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Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) outdoor living spaces are cluttered in an unsafe manner

Foster Family Home

Records


[11-800-54]

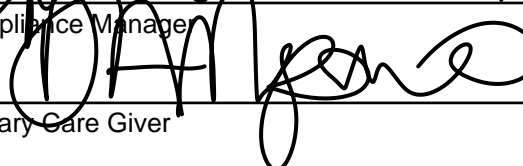
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) Service plan for clients 3 has discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client # 1 and # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders.

 RN

Compliance Manager
v 

Primary Care Giver

11/9/22
Date
11/9/22
Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Divina Mapanao

(PLEASE PRINT)

CCFFH Address: 91-1643 Auwaha St. 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?
7.(b)(1) (C)	from field print appealed decision made 8/25/2022. Received green light.	11/30/2022	I will be sure that exemption letter are updated in a timely manner in my binder.
41.(b) (5)(C) (G)(ii)	CG #1 has lapsed and cannot be corrected.	11/18/2022	I will provide a calender alert on my phone and will put all the due dates for requirements one month ahead to prevent future lapse.
47.(d)(1)	Client 1 was admitted on 10/24/2022 from Agency. I will see to it that medication list is attached in client's folder signed by MD.	11/18/2022	I will make sure that Client 1 has a correct order list of medication attached in the binder and signed by MD provided by the agency. I will provide a calender alert on my phone
48.(a)	Client 2 has not yet determined their personal fund due to admission on 2/25/2022.	11/18/2022	I contacted the agency regarding client's 2 personal fund and provided their information for their records.
49.(c) (3)	I have cleaned up the outdoor living area and have removed any debris and clutter.	11/30/2022	I will make sure that the outdoor living area is clean from clutter and limit the amount of debris from piling up. I will provide a calender alert

 All items that were fixed are attached to this CAPPCG's Signature: Date: 11/30/2022 CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Divina Mapanao

(PLEASE PRINT)

CCFFH Address: 91-1643 Auwaha St. 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) (2)	I have updated client 3 service plan and have fixed any discrepancies in coordination with MD orders.	11/30/2022	I will continue to coordinate with my case management nurse to continually update my service plan for each clients.
54.(C) (5)	Client 1, 2, and 3, has been corrected by Case Nurse and signed by the M.D. order	11/30/2022	I will be sure that medication administration records are accurate and updated with the case management nurse. I will provide a calender alert on my phone

 All items that were fixed are attached to this CAP
PCG's Signature: Date: 11/30/2022
 CTA has reviewed all corrected items