

Foster Family Home - Deficiency Report

Provider ID: 1-100043

Home Name: Concepcion Manog, CNA

Review ID: 1-100043-14

1921 Ulana Place

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 1/2/2024

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

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

Comment:

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

Deficiency Report issued during CCFFH inspection via email on 1/2/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 CG#2.

Foster Family Home Physical Environment [11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.a.5 Fire extinguisher is empty and no other in the home.

Foster Family Home Records [11-800-54]

54.(c)(8) Personal inventory.

Comment:

54(c)(8) Client# 1 did not have evidence that a personal inventory log has been initiated and/or maintained.

Compliance Manager

Primary Care Giver

Date

Date