

Foster Family Home - Deficiency Report

Provider ID: 1-210019

Home Name: Edielyn Manzano, CNA

Review ID: 1-210019-7

94-1348-A Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/1/2023

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

Client #2 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 12.01.2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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.and 8.a.2. HHM# 2 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.4. No disclosure form present for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#1 and CG#3. CG#1 expired on 9/15/2023 and CG#3 expired on 7/7/2023.

Foster Family Home - Deficiency Report

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), 46.(b)(2) - The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#6 did not conduct a fire drill in the past 12 months.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Policy expired 11/30/2023. No renewed in file.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2023.



Compliance Manager

Primary Care Giver

Revised

12/4/23

Date

12/4/23

Date

CTA RN Compliance Manager:

Jeri Van HoutenCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Echelyn Mamzand

CCFFH Address:

94-1348 A Waipahu 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?
6(d)(1)	Client #2 Form 1147 has been obtained and it was placed in the home chart.	12/2/23	From now on, I will make sure to have client's 1147 on file always. If not available, follow up with CMA. In order to comply with all necessary documents I will provide a checklist for easy documentation.
8.9.1 and 8.9.2	Lapsed cannot be corrected. HHM #2's APS, CAN and Fingerprint has been executed dated 12/12/23 but there's no results available yet. attached is the receipt. Note: Once the result is available, I will fax/email to you as soon as possible.	1/7/24	From now on, I will make sure that I have to check all necessary documents are all in my chart. Also, I'll make sure that all are updated. I will use a wall calendar to put all due dates on to prevent from expiring them.



All items that were corrected are attached to this POC

PCG's Signature:

Jeri Van Houten

Date:

12/22/23

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Teri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Edielyn Manzano

CCFFH Address:

94-1340A Waipahu 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?
41(b)(4)	CG#1. Disclosure form has been obtained and it was placed in the home chart.	12/2/2023	From now on, I will make sure to update my disclosure form every year. I will use a checklist for proper documentation.
41(b)(7)	CG#1. TB clearance was obtained and it was placed in the home chart. CG#3. Lapsed cannot be corrected		- From now on, I will make sure to have all documents updated and always available on file. I will notify CG's at least 2 weeks before the expiration due date. I will use the wall
	CG#3. TB clearance has been obtained and it was placed in the home chart.	12/14/2023	calendar to put all due dates on to prevent for expiring them.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Edielyn Manzano

Date:

12/22/23

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Teri Van HoutenCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Edielyn Monzono

CCFFH Address:

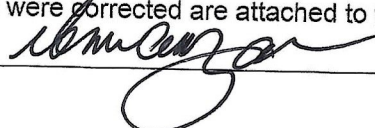
94-1340A Waipahu St. Waipahu HI 96797

(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?
46.(a), 46.(b)(2)	Lapsed cannot be corrected. CG #6 executed the fire drill dated 12/5/2023 and it was placed in the home chart.	12/5/23	From now on, I will make sure that all approved caregivers at home must conduct a fire drill (rotation) in monthly basis for fire safety. I will use a wall calendar to put all due dates on to prevent future lapses.
51.(a)(1)	General liability insurance has been obtained, it was placed in the home chart.	12/3/23	- From now on, I will make sure that all necessary documents are on file. Also make sure that must be all updated. To prevent lapses, I will make sure to use a wall calendar to put due dates on it.

☒ All items that were corrected are attached to this POC

PCG's Signature:



Date:

12/22/23☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Teri Van Houten

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Edielyn Manzano

CCFFH Address:

94-1348A Waiapahu St. Waiapahu 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?
52.(b)	Monthly Budget records has been obtained and it was placed in the home chart.		- From now on, I will make sure to record all my expenses on receivable accordingly in order to account all financial expenses.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Edielyn Manzano

Date:

12/22/23

☒ CTA has reviewed all corrected items