

Foster Family Home - Deficiency Report

Provider ID: 1-100036

Home Name: Ederlina Manzano, CNA

Review ID: 1-100036-15

1707 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 1/12/2024

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/12/24).

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), (2)- CG#3 and CG#4 were without the 2nd set of APS/CAN/Fingerprint results. CG#2, CG#3, and CG#4's Ecrim results lapsed on 1/5/24 and no current results were present.

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 delegations present in Client #2's chart for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6.


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)- No Service Plan present in Client #1's chart/records. Client #2's Service Plan dated 10/31/23 without the client/POA's signature and Client #3's Service Plan dated 6/30/23 without the signature of POA/client.


Compliance Manager


Primary Care Giver

1/12/24
Date

1/12/24
Date