

# Foster Family Home - Deficiency Report

Provider ID: 1-110056

Home Name: Menchie Dawang, CNA

Review ID: 1-110056-19

91-739 Poloula Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 12/11/2023

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/11/2023 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 # 2 for CG#3.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1). The CCFFH did not have evidence that fire drills had been conducted monthly. Missing 11/23, 3/23, 1/23, 12/22, and 11/22 fire drills.

## 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;

Comment:

54(c)(2) No current service plan present for Client #1. Last one in record is dated 01/2023. Missing 7/2023.

54(c)(5) MAR was not documented daily. Sheet not completed from 11/28/2023 to 11/30/2023 for Client #1, #2, and #3.

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: Menchie Dawang  
(PLEASE PRINT)

CCFFH Address: 91-739 Poloula Place Ewa Beach Hawaii 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?
43.(c)(3)	CG was removed on 2/01/23. Will add CG when comply on delegation training with CMA.	02/01/23	I will create a post-it notes as a visual reminder whenever I remove CG from the delegation form. This will ensure that the CMA is aware of the removal and remind them to delete CG's name from the record until the removal is completed.
3P(b)(1)	Completed. Misfiled on different years and inserted on the correct month.	11/04/23 03/18/23 01/23/23 12/08/22 11/25/22	Home will ensure fire drill records are filed correctly by double-checking the binder every month.
54.(c)(2)	The care plan was up to date on the day of the compliance manager's visit.	08/01/23	Home should be confident on care plan record by double-checking the binder for accuracy. CCFFH will notify the CMA if the CCFFH does not receive an updated SP every 6 month.
54.(c)(5)	Client #1, Client#2, Client#3 was signed and completed. Medications are given on time.	11/28/23 11/29/23 11/30/23	Home will place a checklist in front of the client binder to ensure that Mar be signed after each medication administration.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/11/2023

☒ CTA has reviewed all corrected items.