Foster Family Home - Deficiency Report

Provider ID: 1-180070

Home Name: Helen Manzana, CNA Review ID: 1-180070-12

94-691 Ka'aoki Place Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 5/10/2024

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 5/10/24).

6.d.1- Client #2's 1147 lapsed on 12/30/22 and no current 1147 present in client's chart/records.

3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar

week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the

substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- Last documented Sign In/Out was on 9/8/23. CG#1 was away from the CCFFH and CG#5 was the SCG in CCFFH today 5/10/24. No entry was present in the Sign In/Out Sheet.

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire

Natural Disaster

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Primary Care Giver

Comment:

(3P)(b)(1)Fire- No monthly fire drill in record for the months of March 2024 and April 2024.

(3P)(b)(6)Fire- CG#4 and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Marine Manager Date 5/10/24

Compliance Manager Date 5/10/24

Date

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