

Foster Family Home - Deficiency Report

Home Name: Natyia Miyat, CNA
1328 Anapa Street
Honolulu HI 96818

Review ID: 1-562208-14
Reviewer: Maribel Nakamine
Begin Date: 6/4/2024

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

Comment:

8.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report emailed to CCFFH on 6/6/24 with plan of correction due to CTA within 30 days of issuance.

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 10/20/23 and was not renewed until 12/11/23. CG#2 and CG#3's APS/CAN lapsed on 10/27/23 and were not renewed until 12/11/23. CG#5's APS/CAN lapsed on 3/28/24 and no current result was present.

40.(1) If the primary caregiver, substitute caregiver, owner of the property, holder of the certificate, or any other adult in the home, except for clients, is related in any way to a paid or unpaid member of the staff or officer of the case management agency; or

Comment:

40.(1)- HHM#2 is employed with all 3 CCFFH clients' case management agency.

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 4/15/24 and no current clearance was present.

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 for CG#3 and CG#5 in Client #3's chart/records.

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[REDACTED]

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

Comment:

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

Maribel Makamine, RN 6/6/24

Compliance Manager

Date

Natasha M. Mignot - PCG

6/6/24

Primary Care Giver

Date

CTA RN Compliance Manager:

MARIBEL NAKAMINE

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate:

NATYLIA MIYAT

(PLEASE PRINT)

CCFFH Address:

1320 ANAPA ST., HONOLULU, HI 96818

(PLEASE PRINT)

Table with 4 columns: 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? Rows include violations for lapses, CMA changes, TB clearance, RN delegations, and fire drills.

All items that were corrected are attached to this POC

PCG's Signature:

Natylia M. Miyat

Date:

July 06, 2024

CTA has reviewed all corrected items