02/28/2021 22:24 FAX

Community Ties Ameri Webf Page: 1/Z

From:

Foster Family Home - Deficiency Report

Home Name:

36/06/2024 16:23

Natylia Miyat, CNA

Review ID:

1-562208-14

1328 Anapa Street

Reviewer:

Maribel Nakamine

Honolulu

Hi 96818

Begin Date:

6/4/2024

allement in a selection and a selection of the selection of the selection of the selection of the selection of

8.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6.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.

CRITOCAMONICOM STATEMENT MATERIA

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.

Managarant Street Sec. Between with 1922 at large scales for some state of

41.(b)(7)

Have a current tuberculosis clearence 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.

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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.

From

Foster Family Home - Deficiency Report

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(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 6/84

Compliance Manager

Virial M. Might PCG

Primary Care Giver

Page 2 of 2

6/6/2024 11:17:21 AM

CCFFH Address:

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

PCG's Name on CCFFH Certificate:	NATYLIA	MIYAT
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(PLEASE PRINT)
1320 ANAPA ST., HONOLULU, HI 96818

(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?
8.62)(2)	Lapse cannot be corrected		To prevent future lapses, PCG will
	CG#1'S APS/CAN lapped on 10/20/23 renewed on 12/11/23	12/11/23	set an alarm on her cellphone that will go off 10 days before a
	CGH2 2 CGH3's APS/CAN lapsed on 10/27/23, transved on 12/11/23	12/11/23	requirement expires.
	*CGH5's APS/CAN lapsed on 3/28/24, runewed G118/24	6/18/24	
40.(1)	Clients in the home will change their CMAs.	To be fixed before the current month ends	PCG will be more mindful of the administrative rules so she san act accordingly.
41.60(7)	CGATI'S TB Charance hopsed on 4/15/24, renewed 0/7/24	G/7/2A	Home will use cellphone alarm
	RN Delegations were done for CG#3 & CG#5 for Client #3 & filed on the chart/binder.	6/15/24	to be reminded of lapsing documents Set to go off 10 days before expiration Home will notify CMA that RN Delegation needs to be done print to adding an SCG and must be done within days after they one added
(3P)(b)(g)	C6#4 cannot do a fire drill on a past date.		PCG will schedule alarms on hor cellphone for fire drills assigning each SCG a month to accomplish at least once a year. Also, maintain a monthly schedule on a wall calendar

\square	All items that	wer	e co	rrected	are atta	ached to this POC	
PCG's	Signature:	NI	rely	ha	Μ.	ached to this POC	

Date: Why de 7074