

Foster Family Home - Deficiency Report

Provider ID: 1-170088

Home Name: D.M. Karla Bumanglag, RN

Review ID: 1-170088-13

94-440 Kahualena Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/17/2024

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/17/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - Last fire drill present in record was documented on 7/3/2024. No fire drill documentation present for August 2024.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(5)

Client #1 MAR was not documented daily. Sheet not completed from 9/13/24 to 9/16/24.


Client #2 MAR was not documented daily. Sheet not completed from 9/10/24 to 9/16/24.

54(c)(6)

Client#1 ADL flowsheet and Vitals signs was not documented daily. Sheet not completed from 9/13/2024 to 9/16/2024.

Client#2 ADL flowsheet and Vitals signs was not documented daily. Sheet not completed from 9/10/2024 to 9/16/2024.


Compliance Manager


Primary Care Giver


Date


Date