

# Foster Family Home - Deficiency Report

Provider ID: 1-190096

Home Name: Dymphna Manayao, CNA

Review ID: 1-190096-12

2309 Jennie Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 8/30/2024

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/30/24).

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#7 without evidence of having conducted a monthly fire drill for the CCFFH.

## 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)- one daily scheduled medication's dose did not match the MD's order and medication label when compared with Client #1's Medication Administration Record (MAR).

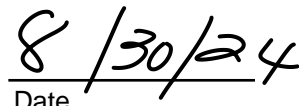
54.(c)(6)- Client #1's progress/observation notes from 6/1/24- 7/26/24 without the caregiver's/writer's signatures after each dated entry.

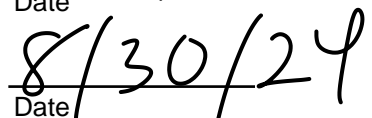


Compliance Manager



Primary Care Giver

  
Date

  
Date