

Foster Family Home - Deficiency Report

Provider ID: 1-562878

Home Name: Fe Dumlao, CNA

Review ID: 1-562878-17

91-865 Hamiha Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 9/25/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/25/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Client Care and Services [11-800-43]

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 delegation present for Client# 1 for CG#2, #3, #4.

Foster Family Home Records [11-800-54]


54.(c)(1) Client's vital information;

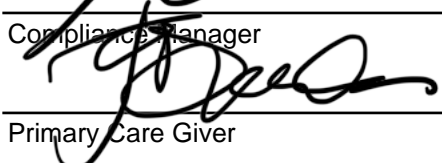
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:


54(c)(1) Client#1 did not have a current face sheet on file.

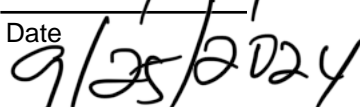
54(c)(2) No current signature of POA for service plan present for Client#1.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Fe Dumlao

(PLEASE PRINT)

CCFFH Address: 91-865 Hamiha Pl, Ewa Beach, HI 96706

(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?
43.(c)(3)	RN delegation was done for CG#2 by client's CMA. It was placed into the client record.	09/26/24	Home will notify client's CMA that RN delegation needs to be performed within that day of a caregiver being added to the home. Home has developed a calendar in the front of the personnel binder with all due dates.
54.(c)(1)	Facesheet were signed by CMA and place it into the client's record.	09/25/24	I will make sure upon admitting the client, I will check all the documents were updated and complete properly.
54.C)(2)	Client#1 Service plan were signed by the POA and place it into client's record.	09/25/24	I will use post it reminder note so that if ever POA comes will let them sign the service plan right away.

 All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 10/04/24 CTA has reviewed all corrected items