

# Foster Family Home - Deficiency Report

**Provider ID:** 1-240070

**Home Name:** Vian Jaylie Manayan, RN

**Review ID:** 1-240070-3

94-1018 Lumialani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 7/8/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 7/8/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3 and CG#7.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4 No disclosure form present for CG#3 and CG#5.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1. It was due on/before 6/30/2025.

CCFFH did not have evidence of current CPR/First Aid for CG#3. CG#3 CPR/1st aid expires 1/2/2025.

Foster Family Home	Client Care and Services	[11-800-43]
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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 delegation present for Client # 1 for CG#3, #5, #6, and #7.

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Quality Assurance**

**[11-800-50]**

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place.

CG#, #5, #6, and #7. (CG# 3 -TV)

**Foster Family Home**

**Records**

**[11-800-54]**

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)(6) Client #2 did not have evidence of RN monthly visit notes for 05/2025.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CTA RN Compliance Manager: Po Lim, RN

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

PCG's Name on CCFFH Certificate: Vian Jaylie Manayan

(PLEASE PRINT)

CCFFH Address: 94-1018 Lumialani St. Waipahu HI, 96797

(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?
16.(b) (5)	Reviewed the confidentiality policies and procedures and client privacy rights to CG#3 and CG#7 and obtained their respective signatures to confirm training was completed then placed in the home record.	7/10/2025	CCFFH will review confidentiality policies and procedures and client privacy rights to all SCGs and initiate training within 24hours of a caregiver being added to the home. CCFFH will make a checklist of all policy and procedures that are needed to be completed and signed by CGs and save it to a spreadsheet in the home computer. CCFFH will set up a reminder via phone to check spreadsheet monthly to detect any lapses.
41.b.4	Obtained disclosure form for CG#3 and CG#5 and placed in the home record	7/10/2025	CCFFH will require all SCGs to complete all forms based from HAR guidelines within 24hours of a caregiver being added to the home. CCFFH will refer to TAB2 of the table of contents to meet all of the HAR requirements. CCFFH will set up a reminder via phone to check Home binder monthly to detect any lapses.
41.(b) (8)	Obtained current Bloodborne Pathogen/Infection control training for CG#1. Obtained current CPR/First Aid for CG#3.	7/21/2025	CCFFH will create a reminder log spreadsheet saved in the home computer that includes what forms are needed to renew, its corresponding current dates, and its corresponding renewal dates. In addition, CCFFH will set up a monthly reminder via phone to review spreadsheets monthly to detect any expiring forms/items. CG#1 will mark the calendar of its due date and inform other caregivers when a form is needed to renew at least 2 weeks before it is due.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/24/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim, RN

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

PCG's Name on CCFFH Certificate: Vian Jaylie Manayan

(PLEASE PRINT)

CCFFH Address: 94-1018 Lumialani St. Waipahu HI, 96797

(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#3, CG#5, CG#6, and CG#7 by the clients' CMA. It was both was placed into the clients' record.	7/22/2025	CCFFH will notify clients' CMA that RN delegation needs to be done within 7-10 days of a caregiver being added to home. CCFFH and Case Manager will perform routine monthly audit of client's chart during CM's monthly visits to detect any lapses.
50. (a)	Reviewed internal emergency management policy and procedure to CG#3, CG#5, CG#6, and CG#7 and obtained signatures as evidence of completion.	7/10/2025	CCFFH will review the internal emergency management policy and procedure to all CGs and provide necessary training within 24H of a caregiver being added to the home. CCFFH will make a checklist of all policy and procedures that are needed to be completed and signed by CGs and save it to a spreadsheet in the home computer. CCFFH will set up a reminder via phone to check spreadsheet monthly to detect any lapses.
54(c)(6)	RN monthly visit notes was present at the time of visit but was misplaced. CCFFH re-organized notes and placed it into its designated area.	7/10/2025	CCFFH will file the client's monthly visit notes to its designated location as soon as it was recorded & signed by the visiting RN/CM. CCFFH will refer to the table of contents formulated by client's corresponding Case Management and perform a routine monthly chart audits during CM's monthly visits to detect any lapses.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 7/24/2025

☒ CTA has reviewed all corrected items