

# Foster Family Home - Deficiency Report

Provider ID: 2-120043

Home Name: Maria Margarita Velez, CNA

Review ID: 2-120043-12

165 S. Wilder Road

Reviewer: Terri Van Houten

Hilo HI 96721

Begin Date: 7/14/2021

## 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 home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 8/14/2021.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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

Comment:

41.(a)(4) - CG#3 did not have evidence of an SCG disclosure form in their file.


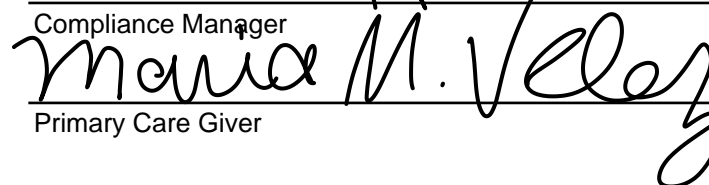
41.(b)(8) - CG#2 did not have evidence of completion of Blood Borne Pathogen/Infection Control training in the last year.

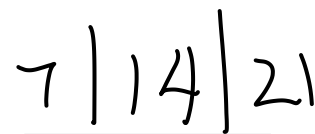
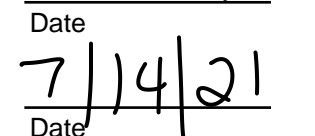
## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) - Medication discrepancy was seen for Client #1. Medication administration record did not match most recent MD order.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date