

Foster Family Home - Deficiency Report

Provider ID: 1-511908

Home Name: Bernadette Velasco, RN

Review ID: 1-511908-10

91-1030 Kaiohee Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/30/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.


Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) outdated forms used CG 1,2 3 and 4 making it unclear if current tuberculosis clearance meets department guidelines

 RN
Compliance Manager


Primary Care Giver

9/30/21

Date

9/30/21

Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN /Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Bernadette Velasco
(PLEASE PRINT)

CCFFH Address: 91-1030 Kaiuhale ST. 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?
41.6b) (7)	TR clearance using forms that meets department guidelines for ■ CG, ■ CG 1+2+3	9/30/21	Always check the required forms that meet the department guidelines

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 9/30/21

CTA has reviewed all corrected items