

# Foster Family Home - Deficiency Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

Review ID: 1-560517-11

99-421 Aheahe Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 2/1/2022

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/1/2022.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- CG#4's APS/CAN lapsed on 12/17/20 and was renewed on 2/9/21; Ecrim lapsed on 12/1/20 and was renewed on 1/25/21.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3)(b)(1)Fire- No monthly fire drill conducted/completed for the months of November 2021 and December 2021.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- CG#4 and CG#5 without evidence of having been trained with Client #1's [REDACTED] ([REDACTED]).

## 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)- CG#4 and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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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)- No monthly RN Visit/Assessment completed/present in Client #1's chart for the month of November 2021.

*Markel Nakamine, KC* 2/1/22

Compliance Manager

Date

*[Signature]*

Primary Care Giver

2/1/22

Date