Foster Family Home - Deficiency Report

Provider ID: 1-511908

Home Name: Review ID: Bernadette Velasco, RN 1-511908-12

91-1030 Kaiohee Street Reviewer: Po Lim

Ewa Beach HI 96706 Begin Date: 8/30/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 9/30/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Ho	ome Background Checks	[11-800-8]
8.(a)(1)	Be subject to criminal history record checks in accordance with	n 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 and 8.a.2. CG #1, #2, #3, #4; HHM #1, #2, #3. Does not meet the two consecutive within 12 months of APS, CAN, and Fingerprints requirements.

Foster Family I	Home Personnel and Staffing	[11-800-41]
41.(b)(7)	Have a current tuberculosis clearance that meets departmen	nt guidelines; and
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	

Comment:

- 41.b.7. CG #3 and #4; HHM#1 and #3. No proof of past positive TB results. Missing yearly TB testings.
- 41.b.8. CG#4 have expired CPR, AED, First Aid on 8/9/2022.

Foster Famil	ly Home Fire Safety	[11-800-46]
46.(a)	•	document, and maintain a record, in the home, of unannounced fire drills at different times ight. Fire drills shall be conducted at least monthly under varied conditions and shall se detectors.
46.(b)(2)	All caregivers have been t	rained to implement appropriate emergency procedures in the event of a fire.
Comment:		

46.a and 46.b.2; CG#1, #2, #3, #4 have not conducted a fire drill since 11/1/2021. Last drill was in 11/1/2021.

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Foster Family	Home	Quality Assurance	[11-800-50]
50.(a)		e shall have documented internal s that may affect the client, such a	ement policies and procedures for emergency
Comment:			

50.a. CG #2 and #4 was not trained in the Emergency Preparedness Plan and missing signatures on the policy.

Compliance Manage

Primary Care Giver

Date Date

8/30/2022 11:23:14 AM

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