

Foster Family Home - Deficiency Report

Provider ID: 1-140061

Home Name: Mary Rose Velez, CNA

Review ID: 1-140061-12

1628 Owawa Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 8/16/2022

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 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 9/16/2022. (30 days from the date the CCFFH is given their deficiency report).

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

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

Comment:

8.a.2. CG#1 and #2 (HHM#1). Have expired APS and CAN on 10/9/2021.

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

41.(b)(7) Have a current tuberculosis clearance that meets department 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#1 have lapsed on TB test/screening; expired 9/19/2020 and renew on 6/29/2022. CG#2 (HHM#1) have expired TB test/screening on 9/22/2021 and no renew present.

41.b.8. CG#2 have missing First AID for 2021-2022.

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

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.1. And 3P.b.6. Last fire drill was conducted on 8/9/2020. No new drills present.

Compliance Manager

Primary Care Giver

Date

Date