

Foster Family Home - Deficiency Report

Provider ID: 1-560202

Home Name: Florencia Velasquez Bautista,
CNA

1027 Pulaa Lane

Honolulu

HI

96819

Review ID: 1-560202-15

Reviewer: Ryan Nakamua

Begin Date: 10/12/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/12/2023

6.(d)(1): No evidence provided by CCFFH of current 1147 form for client #2. Last documented 1147 form on filed expired 3/9/2023.

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): No evidence provided by CCFFH of APS and CAN clearance without lapse for CG#2. documents provided by CCFFH show lapse of APS and CAN from 11/28/2023 to 1/18/2023

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:

49/(b)(1): No evidence provided by CCFFH of proof of curtain or screen separating Client #2 and Client #3.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

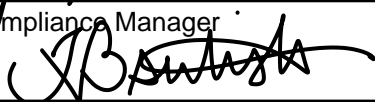
Comment:

54.(c)(2): No evidence provided by CCFFH of current or within past 12 months service plan for client #2. Last documented service plan of client 8/2022.

54.(c)(5): No evidence of medication administered to patient matching MAR. Medication being given to patient and MAR are not identical dosage for client #3.



Compliance Manager



Primary Care Giver

10/12/2023

Date

10/12/2023

Date