

Foster Family Home - Deficiency Report

Provider ID: 1-190045

Home Name: Rochelle V. Rosario, NA

Review ID: 1-190045-10

1774 Kuikele Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/1/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspections date: 3/1/2024)

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8): Evidence by CCFFH of lapse of First Aid/CPR/AED training FOR CG#1. Documents provided by CCFFH show lapse from 10/8/2023 to 11/02/2023.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence by CCFFH of CG#2 conducting at least one fire drill in the past 12 months. No documentation provided by CCFFH.

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No evidence by CCFFH of list of side effects for current medications for client #1 and client #2. No documentation provided by CCFFH.



Compliance Manager

Rk Rosario

Primary Care Giver

3/1/24
Date
3/1/24
Date