Foster Family Home - Deficiency Report

Provider ID: 1-511908

Home Name: Bernadette Velasco, RN Review ID: 1-511908-16

91-1030 Kaiohee Street Reviewer: Po Lim

Ewa Beach HI 96706 Begin Date: 7/25/2024

| 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 visit made for a 2 bed re-certification inspection.

Client #1 has expired Form 1147, last dated 10/1/2022.

Deficiency Report issued during CCFFH inspection via email on 7/25/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

| Foster Family H | ome Personnel and Staffing | [11-800-41] |
|-----------------|--|---|
| 41.(b)(8) | Have documentation of current training in blood borne pathogresuscitation, and basic first aid. | gen and infection control, cardiopulmonary |
| 41.(c) | The primary caregiver shall attend twelve hours, and the sub training annually which shall be approved by the department The primary caregiver shall maintain documentation of trainin home. | as pertinent to the management and care of clients. |

Comment:

- 41.(b)(8) CCFFH did not have evidence of previous Bloodborne Pathogen/Infection control training for CG# 3. 2023 BBP/IC is missing.
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2, CG#3, and CG#4.

CG#2, CG#3, and CG#4 requires 8 hours of in-service training, but had only ZERO hours attended in 2023.

| Foster Family | Home | Client Care and Services | [11-800-43] | |
|---------------|------|---|-------------|---------------------|
| 43.(c)(3) | | d on the caregiver following a service plar client care and services as provided in cl | | RN case manager may |
| Comment: | | | | |

43(c)(3) No RN delegation present for Client #1 for CG#1, CG#3, and CG#4.

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| Foster Famil | ly Home | Fire Safety | [11-800-46] |
|--------------|---|------------------------------------|--|
| 46.(a) | The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors. | | |
| 46.(b)(2) | All care | egivers have been trained to imple | ement appropriate emergency procedures in the event of a fire. |
| Comment: | | | |

46.(a) - Last fire drill present in record was documented on 01/2024. No fire drill documentation present for June 2023 through June 2024.

46.(b)(2)- CG# 3 and CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

Primary Care Giver

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