

Foster Family Home - Deficiency Report

Provider ID: 1-560202

Home Name: Florencia Velasquez Bautista,
CNA

1027 Pulaa Lane

Honolulu

HI

96819

Review ID: 1-560202-17

Reviewer: Ryan Nakamura

Begin Date: 9/23/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date:9/23/2024).

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

8.(a)(1) Be subject to criminal history record checks in accordance with 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)(2): No evidence provided of current of APS/CAN/ecrim background check for HHM#1. Clearance was due by 12/23/2023. CG#1 stated that HHM moved out and recently moved back into CCFFH

8.(a)(2): Evidence of lapse for APS/CAN clearance for HHM#2. Clearance was due by 1/22/2024 and completed on 9/18/2024 but results were still pending.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No evidence provided by CCFFH of current TB clearance for HHM#1. TB clearance was due by 2/12/2024. CG#1 disclosed that HHM recently moved back into CCFFH.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence provided by CCFFH of CG#3 delegated by client #3's case management agency for subcutaneous injection medication administration.

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Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(b)(2) Provide information for necessary follow-up care for the client.

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

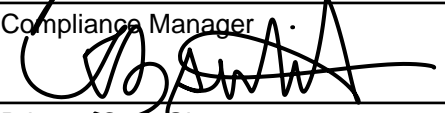
Comment:

54.(b)(2): No documentation provided by CCFFH of any progress notes of change of condition/events/follow up care for all clients in the past 12 months.

54.(c)(5): No documentation of medication administration for client #1. since 9/16/2024.



Compliance Manager



Primary Care Giver

9/23/24

Date

9/23/24

Date