

# Foster Family Home - Deficiency Report

Provider ID: 1-140061

Home Name: Mary Rose Velez, CNA

Review ID: 1-140061-18

1628 Owawa Street

Reviewer: Maribel Nakamine

Honolulu HI 96819

Begin Date: 8/18/2025

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/18/25).

## 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)- CG#1, CG#2, CG#4, and HHM#2 were without the sex offender search results.

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 9/19/24 and no current result; Ecrim lapsed on 8/15/24 and was not renewed until 7/8/25. CG#4's APS/CAN/Fingerprint lapsed on 4/3/25 and was not renewed until 6/17/25. HHM#2's APS/CAN/Fingerprint or Ecrim lapsed on 7/18/25 and no current results were present.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(a)(2)- No Prometric Registry Check results present for CG#1 and CG#2.

41.(b)(1)- No Picture ID present for CG#4.

41.(b)(4)- CG#2 without a Substitute Caregiver Disclosure Form completed.

41.(b)(8)- CG#2 without a current basic first aid certification.

## 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) - CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

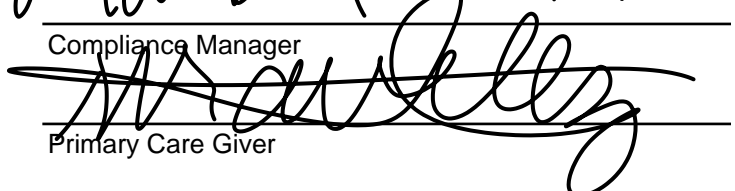
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2)- Client #2's Service Plans dated 2/12/25 and 8/12/24 without the POA's signatures.

54.(c)(8)- No Personal Inventory List completed/maintained for Client #1.

Maribel Nakamine, RN 8/18/25  
Compliance Manager  
  
Primary Care Giver  
Date 8/18/25  
Date