

Foster Family Home - Deficiency Report

Provider ID: 3-635310

Home Name: Bernadette Carlson, CNA

Review ID: 3-635310-19

74-801 Uluaaa Street

Reviewer: Maribel Nakamine

Kailua-Kona HI 96740

Begin Date: 3/30/2026

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 inspection made for a 2-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days of issuance (issued on 4/6/26).

6.d.1- Client #1's 1147 document dated 10/22/25-10/22/26 was not signed by the client's MD/PCP. Client #2's 1147 document expired on 12/12/24 and no current 1147 was present in client's chart/records.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance dated on 3/9/26 was not documented on DOH approved form.

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 RN delegations present on oral and suppository medications administration for CG#2 in Client #1's chart/records.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(2), (b)(6)Fire- No nighttime monthly fire drill conducted/completed for the past 12 months. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months- last in CCFFH record was on 1/20/25.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- Client #1 on pureed/nectar/honey thickened liquid diet. No training for CG#1 and CG#2 present in client's chart/records.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

Comment:

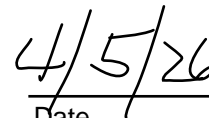
54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Morphine Sulfate, Haldol, Scopolamine, Ondansentron, Bisacodyl suppository, Acetaminophen suppository, Calmoseptine and Baza topical cream were not transcribed in client's March 2026 Medication Administration Record (MAR). Ativan medication's frequency did not match the client's MAR- Bottle label and MD's order as every 4 hours as needed and MAR stated 3x/day as needed.

Client #2- Escitalopram medication label did not match the client's March 2026 MAR and MD's order. Label stated 5 mg daily; MAR and MD's order stated 10 mg daily.



Compliance Manager



Date

Primary Care Giver

Date