Foster Family Home - Deficiency Report

Provider ID:	**1-511908**		
Home Name:	**Bernadette Velasco, RN**	**Review ID:**	**1-511908-20**
91-1030 Kaiohee Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	6/22/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 6/22/2026).

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#2. APS/CAN clearance was due by 8/14/2025 and completed 9/12/2025 for CG#2.

No evidence present in CCFFH records of sex offender registry search completed for CG#4.

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

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.(b)(4): Primary caregiver disclosure form present in CCFFH records did not match current household member composition reported by CG#1.

41.(b)(8): First Aid training present in CCFFH records expired on 9/01/2024 for CG#4.

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)(5) Medication schedule checklist;

Comment:

54.(c)(2): No documentation present in client #1's records of service plan. No previous service plan present in client #1's records.

54.(c)(5): Discrepancy noted in client #1's medication administration record (MAR) for Quetiapine. MAR stated Quetiapine 300 mg 2 tablets by mouth at bedtime but medication label stated Quetiapine 300 mg 1 tablet by mouth at bedtime. CG#2 stated that client had received 1 tablet at bedtime. MD order dated 2/26/2025 stated Quetiapine 300mg 2 tablets PO daily.

Compliance Manager — Date: 6/22/26

Primary Care Giver — Date: 6/22/26