

Foster Family Home - Corrective Action Report

Provider ID: 1-594045

Home Name: Marizel Bolosan, CNA

Review ID: 1-594045-4

1027 Pulaa Lane

Reviewer: I

Honolulu HI 96819

Begin Date: 12/1/2015

End Date: 12/2/15

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person recertification review made on 12/1/15. Corrective Action Report issued during home visit with all items due to CTA by 1/2/16.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[17-1454-7.1]

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

Comment:

7.1.(a)(2) - Second year APS/CAN not done until 5/28/15 for CG [REDACTED] CG [REDACTED] CG [REDACTED] and CG [REDACTED] First year done 12/3/13).

Compliance Manager

Primary Care Giver

VIA /

12/1/15
Date

12/1/15
Date

7.1 (a) (2) - showed CTA current APS/CAN for
all CG's while in recertification
visit 12/1/15

I will make a list of all items
with expiration dates and place
in the front of my CTA binder.
Will check every month.

Sign & Date



12/2/15