

Foster Family Home - Deficiency Report

Provider ID: 1-594045

Home Name: Marizel Bolosan, CNA

Review ID: 1-594045-11

98-1524 Hoomahie Loop

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/2/2021

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/2/2021.

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;

Comment:

8.(a)(1)- CG#3's Ecrim lapsed on 7/24/2020 and done on 11/6/2020.

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

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

Comment:

41.(b)(8)- CG#4's CPR and Basic First Aid certifications expired on 9/2021. No current renewal present.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

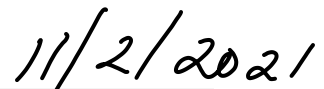
52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

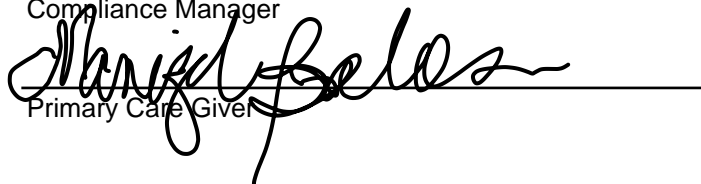
Comment:

52.(a),(b),(c)- No monthly budget present for the years 2020 and 2021. No current bank savings account statement present.

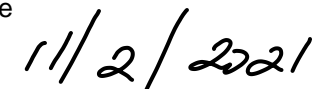


Compliance Manager


Date



Primary Care Giver


Date