

Foster Family Home - Deficiency Report

Provider ID: 1-140033

Home Name: Rhoda M. Bolosan, NA

Review ID: 1-140033-10

94-510 Hiahia Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/20/2022

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 2/20/22.

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)(2) - APS/CAN and eCrim expired on 3/5/2020 for CG #1 and CG #2. Not done until 2/2/2021.

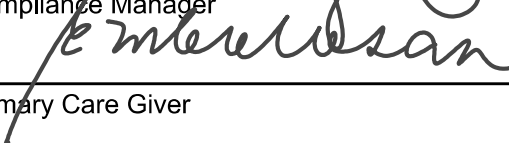
Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

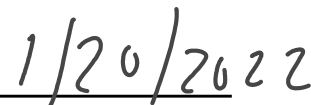
Comment:

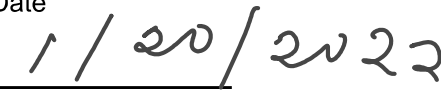
46.(a) - No record of conducting, documenting, and maintain a record of unannounced fire drills at different times of the day, evening, and night since 3/2021.



Compliance Manager


Primary Care Giver



Date


Date