

Foster Family Home - Deficiency Report

Provider ID: 1-140033

Home Name: Rhoda M. Bolosan, NA

Review ID: 1-140033-13

94-210 Lelehua Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/9/2023

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.
Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) CG 2 does not have documentation of a negative CXR and current screening within 12 months

Foster Family Home Records [11-800-54]


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

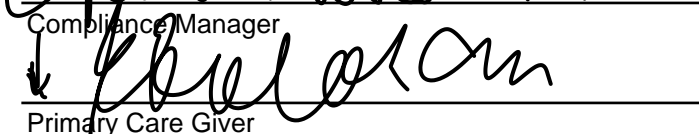
54.(c)(8) Personal inventory.

Comment:

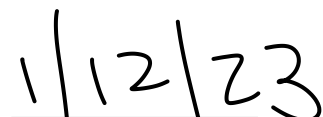
54.(c)(5) Client # 1 - 2 medication bottles are empty, pharmacy states no refills have been requested

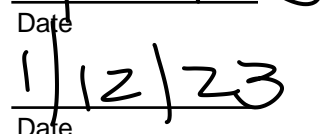
54.(c)(8) CLIENT # 1 Has no documented inventory



Compliance Manager


Primary Care Giver



Date


Date