Foster Family Home - Deficiency Report								
Provider ID:	1-594045							
Home Name:	Marizel Bolos	Marizel Bolosan, CNA		1-594045-15				
98-1524 Hoomahie Loop			Reviewer:	Terri Van Houten				
Pearl City	HI	96782	Begin Date:	10/12/2023				
Foster Family	Home F	equired Certific	ate	[11-800-6]				
6.(d)(1)	Comply with all applicable requirements in this chapter; and							
Comment:								
6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/12/2023.								
6.(d)(1) - CCFFH did not have evidence of a current form 1147 for client #2. Form 1147 on file expired on 12/9/22.								
Foster Family	Home E	ackground Chee	cks	[11-800-8]				
8.(a)(1)	Be subject to	o criminal history red	cord checks in acc	ordance 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) - HHM#3 and #4 did not have evidence of a current fingerprint on file.

8.(a)(2) - HHM#3 and #4 did not have evidence of a current APS/CAN on file.

Foster Family H	lome	Personnel and Staffing	[11-800-41]				
41.(d)	The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.						
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and						
Comment:							

41.(d) - CG#4 did not have evidence of a current CNA certificate. Certificate expired 1/31/23.

41.(f)(1) - CG#2 and #3 did not have evidence of a current TB clearance. HHM#3 and #4 did not have evidence of a current TB clearance or a TB exclusion is appropriate.

Foster Family Home - Deficiency Report

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) - CCFFH did not have evidence of a service plan upon admission for client #3.

54.(c)(5) - CCFFH did not have evidence that a MAR had been initiated for October 2023 for Client #1, #2, or #3.

54.(c)(5) - Client #1 had an order to increase ensure to twice daily written on 7/27/23 that had not been updated on the MAR>

54.(c)(5) - Client #2 had a medication present without an MD order and without being listed on the MAR, two medications were ordered on 6/30/23 that were not reflected on the MAR.

iance Manager Primary

Date Date