

Foster Family Home - Deficiency Report

Provider ID: 1-000072

Home Name: Arlene Bosas, CNA

Review ID: 1-000072-18

1585 Laulani Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 3/3/2026

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 inspection made for a 2-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 3/3/26).

6.d.1- Client #1's 1147 dated 9/22/25-9/22/26 without the client's PCP/MD's signature.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(1), (d)(2)- Client #2 with use of full bedrails. No MD order present and client's Service Plan/HAP 4/2/25 did not reflect use of full bedrails.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- CCFFH's dining tables were full of household items- rice cooker, vegetables, fruits, snacks, etc.- no space for clients' use.

49.(c)(3)- Clients' bedroom windows and clients' bathroom windows were very dusty. Noted that Client #1 with allergy to dust mites.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50.(e), (e)(2)- No door bell/buzzer present outside/front door for means of communication.

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Client Rights

[11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13)- Client #1 with an old contrator oxygen machine being stored inside the closet that didn't belong to client.

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;

Comment:

54.(c)(2)- Client #1's Service Plan/HAP dated 9/22/25 without the POA's signature.

Maile O'Flaherty

Compliance Manager
[Signature]

Primary Care Giver

Date *3/3/26*

Date *3/3/26*

[Signature]