

Foster Family Home - Deficiency Report

Provider ID: 1-594045

Home Name: Marizel Bolosan, CNA

Review ID: 1-594045-19

98-1524 Hoomahie Loop

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 11/21/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/21/2025).

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): No evidence present in CCFFH records of second set of APS/CAN and criminal background checks present for HHM#3 and HHM#4. 2nd set of Background checks were due by 11/3/2024.

8.(a)(2): Evidence present in CCFFH records of lapse of APS/CAN clearance for CG#2 and CG#3. Clearance was due by 10/26/2024 and completed 4/15/2025 for CG#2. Clearance was due by 10/26/2024 and completed 10/31/2025 for CG#3.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training completed by HHM#3 and HHM#4.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7): Evidence present in CCFFH records of lapse of TB clearance for CG#2 and CG#3. TB clearance was due by 11/26/2024 and completed 4/15/2025 for CG#2. TB clearance was due by 11/27/2024 and completed 4/3/2025 for CG#3.

41.(b)(8): First aid training expired on 11/01/2025 for CG#1 and first aid/CPR training expired 11/02/2025 for CG#3.

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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;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2): No signature by client/POA on service plan date 8/1/2025 for client #1.

54.(c)(6): No documentation present in client records of medication administration from 11/17/2025 to 11/21/2025 and skilled nursing/ADLs checklist from 11/16/2025 to 11/21/2025.



Compliance Manager



Primary Care Giver

11/21/25
Date

11/21/25
Date

11/21/2025 11:15:21 AM

CTA RN Compliance Manager: Ryan Nakamura, RN

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARIZEL BOLOSAN

(PLEASE PRINT)

CCFFH Address: 98-1524 HOOMAHIE LOOP, PEARL CITY, HI. 96782

(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|-------------|--|-------------------------------|--|
| 6.(d)(1) | Received form from CMA | 11/21/25 | I will make reminders on my calendar before hand and make sure all necessary documents are in binder. |
| 8.(a)(1) | Appointment made for Second set of APS/CAN for HHM#3 | 12/19/25 | I will review & note if there are any other HHM that needs a second set of APS/CAN done. |
| | Appointment made for Second set of APS/CAN for HHM#4 | 12/31/25 | |
| 8.(a)(2) | CG#2 obtained current APS/CAN. Result is in binder CG#3 obtained current APS/CAN | 4/15/25 | Will obtain documents on time and utilize the calendar for the next renewal date. |
| | | 10/31/25 | |
| 16.(b)(5) | Trained HHM#3 and HHM#4 with the CCFFH's Confidentiality Policies and Procedures client Privacy Rights Training. | 11/23/25 | All new HHM will be trained in the Confidentiality Policies and Procedures client Privacy Rights Training. I will utilize a calendar for the next renewal date, if needed. |
| 41.(b)(7) | CG#2 TB clearance screening completed. CG#3 TB clearance screening completed. Both Copies filed in CCFFH binder. | 4/15/25 | Caregivers will obtain TB clearance within one month of expiration date & will utilize a calendar for future renewals. |
| | | 4/03/25 | |

All items that were corrected are attached to this POC

PCG's Signature: Marizel Bolosan

Date: 12/21/2025

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: MARIZEL BOLOSAN
(PLEASE PRINT)

CCFFH Address: 98-1524 HOOMAHIE LOOP, PEARL CITY, HI. 96782
(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|-------------|--|-------------------------------|---|
| 41.(b)(8) | CG#1 & CG#3 First Aid and CPR Training obtained. Filed in CCFFH binder. | 11/22/25 | I will utilize a calendar to remind myself of renewals due to prevent them from expiring. |
| 54.(c)(2) | Signature was acquired by client/POA, Service Plan for Client #1. | 12/20/25 | I will make a To-Do list to remind myself to notify CMA to update Service Plan one month prior to expiration. |
| 54.(c)(6) | Completed initials and provided a signature for client's MAR and ADLs/checklist Flowsheet. | 11/21/25 | Documentation in client of Medication Administration Records will be done daily. Charting for ADLs/Checklist Flowsheet, will too, be done daily after visit. |

All items that were corrected are attached to this POC

PCG's Signature: Marizel Bolosan

Date: 12/21/2025

CTA has reviewed all corrected items