

# Foster Family Home - Deficiency Report

Provider ID: 1-250081

Home Name: Michelle Joy Oliveros, NA

Review ID: 1-250081-1

91-1124 Kauiki Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 11/4/2025

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/19/2025.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM# 2.

## Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.



Compliance Manager

11/04/2025

Date



Primary Care Giver

11/04/2025

Date

CTA RN Compliance Manager: Laurie Vosler

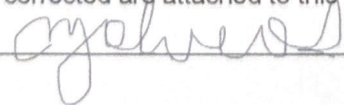
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Michelle Joy Oliveros  
(PLEASE PRINT)

CCFFH Address: 91-1124 Kauiki Street Ewa Beach Hawaii 96706  
(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) (7)	TB clearance on approved Department of Health Form was obtained for HHM#2. It was placed into the home record	11/4/2025	CG#1 will use a spreadsheet on laptop to identify all the requirements.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/4/2025

CTA has reviewed all corrected items