

Foster Family Home - Deficiency Report

Provider ID: 1-230083

Home Name: Veronica Bolosan, CNA

Review ID: 1-230083-5

2004 Ano Lane

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 9/12/2025

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 visit made for 3 bed re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 9/12/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41(a)(2) CG#2 and CG#3 is not approved to work in a three beds CCFFH.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours worked in a day or week.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
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- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
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- (3P)(b)(4) Fire shall include testing of smoke detectors
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- (3P)(b)(6) Fire shall include all SCGs at least once per year
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Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#2 and CG#3 did not conduct a fire drill in the past 12 months.

Foster Family Home

Records

[11-800-54]

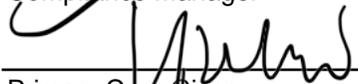
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services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

54(c)(6) Client # 2 did not have evidence of RN monthly visit notes for 7/2025 and 8/2025.



Compliance Manager



Primary Care Giver



Date



Date