

# Foster Family Home - Deficiency Report

Provider ID: 1-562852

Home Name: Marilyn Basuel, CNA

Review ID: 1-562852-18

94-1001 Waiolina Street

Reviewer: Laurie Vosler

Waipahu HI 96797

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 a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection on (09/12/2025) with Plan of Correction due to CTA within 30 days of inspection.

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

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

Comment:

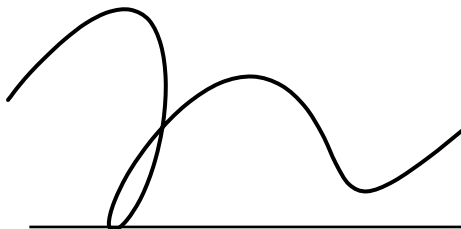
41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1 & 3, not on department approved form, forms F, G, or H.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG# 3 did not have evidence of conducting a monthly fire drill within the past 12 months, last completed 06/28/2024.



Compliance Manager



Primary Care Giver

09/12/2025

Date

09/12/2025

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: MARILYN BASUEL  
(PLEASE PRINT)

CCFFH Address: 94-1001 WALOLINA ST WAIPAHU, HI 96797  
(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)(1)	USED CORRECTED TB CLEARANCE APPROVED FORM. FOR CG # 1 & 3.	9/16/25	HOME WILL USE THE CURRENT APPROVE FORM
		9/20/25	I WILL PREPARE A LIST FOR EACH SUBSTITUTE CAREGIVER AND MYSELF OF EACH DOCUMENT AND EXPIRATION DATE.
46.(b)(2)	CG #3 CONDUCTED FIRE DRILL	9/20/25	HOME WILL CHECK THAT ALL CARE GIVERS CONDUCT FIRE DRILL.  I WILL PREPARE A LIST OF ALL SUBSTITUTE CAREGIVER AND THEIR LAST FIRE DRILL.

All items that were corrected are attached to this POC

PCG's Signature: Marilyn Basuel

Date: 10/26/2025

CTA has reviewed all corrected items