

Foster Family Home - Corrective Action Report

Provider ID: 1-180033

Home Name: Renosie Campos, NA

Review ID: 1-180033-5

2157 Aamanu Street

Reviewer: Julie Hastings

Pearl City HI 96782

Begin Date: 5/13/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 2 bed home.

A corrective action report (CAR) was issued during the visit and a corrective action plan (CAP) is due back to CTA before 6/13/2021.

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)
CG#1 and #4 have no e-Crim

8.(a)(2)
C#1, #3. #4 APS/CAN lapsed

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4)
Cg#2 and CG#3 have no disclosure forms

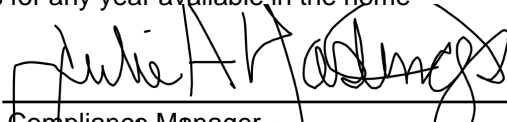
41.(f)(1)
HHM#1 TB expired last was 4/13/2020 no 2021 TB

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No Fire drills for any year available in the home



Compliance Manager

5/13/2021

Date



Primary Care Giver

5/13/2021

Date