

Foster Family Home - Deficiency Report

Provider ID: 1-589393

Home Name: Regina Rader, CNA

Review ID: 1-589393-14

94-291 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/7/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 1/07/2023. (30 days from the date the CCFFH is given their deficiency report).

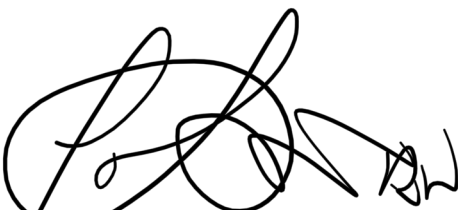
Foster Family Home	Background Checks	[11-800-8]
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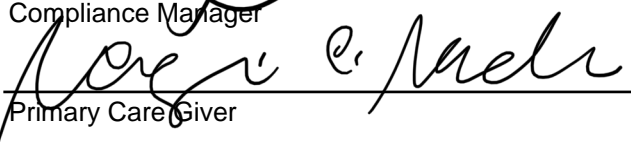
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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. And 8.a.2. HHM #4 and #5 did not meet the 2 sets of APS/CAN/Fingerprints within the 12 months period.



Compliance Manager


Primary Care Giver

12/7/22

Date
12/7/22

Date