

Foster Family Home - Deficiency Report

Provider ID: 1-180033

Home Name: Renosie Campos, NA

Review ID: 1-180033-9

2157 Aamanu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 3/10/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 3/10/23).

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), (2)- CG#3's Ecrim was due on 5/14/22 and no current result was present. CG#4's APS/CAN/Fingerprinting lapsed on 9/3/22 and was done on 1/27/23.

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)- CG#3's TB clearance lapsed on 5/4/22 and was done on 8/29/22.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 and CG#4 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.


Compliance Manager


Primary Care Giver

Date 3/10/23
Date 3/10/23