

Foster Family Home - Deficiency Report

Provider ID: 2-130010

Home Name: Ronald Camper, CNA

Review ID: 2-130010-16

16-569 Ohe Street

Reviewer: David Ayling

Keaau

HI

96749

Begin Date: 2/9/2023

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) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 3/9/23.

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;

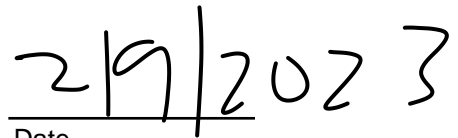
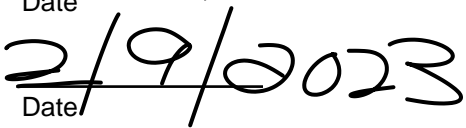
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No second year APS/CAN and fingerprints for HHM #1. No current APS/CAN for CG #2. Expired on 9/2/2022.


Compliance Manager

Primary Care Giver


Date

Date