

# Foster Family Home - Deficiency Report

Provider ID: 1-140008

Home Name: Nympha Rasay, CNA

Review ID: 1-140008-14

94-459 Awamoi Place

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 8/25/2023

## 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 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days ( Issued on 8/25/2023)

## 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;

Comment:

8.(a)(1) HHM#2 Ecrim expired on 10/30/2022 with no current results present.

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

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

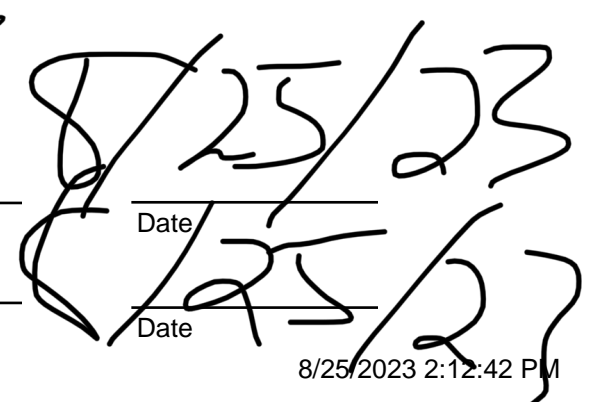
Comment:

41.(b)(7)-CG#1 TB clearance expired on 8/17/2023 with no current results present. CG#2 TB clearance dated 4/3/2023 was signed by an RN. TB clearance required to have an MD, APRN, or Physicians Assistant to sign



Compliance Manager

Primary Care Giver



Date

Date