

Foster Family Home - Deficiency Report

Provider ID: 1-623555

Home Name: Nicerita Rabut, CNA

Review ID: 1-623555-15

44-781 Kaneohe Bay Drive

Reviewer: Deborah Baumgart

Kaneohe

HI

96744

Begin Date: 11/24/2023

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- Unannounced visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection (issued on 11/24/2023)

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;

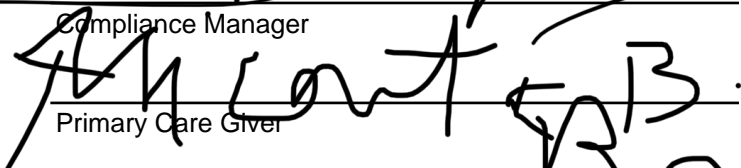
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-No 2nd year Fingerprints for HHM #4



Compliance Manager



Primary Care Giver

11/24/23
Date
11/24/23
Date
11/24/2023 11:19:44 AM