

Foster Family Home - Deficiency Report

Provider ID: 2-130010

Home Name: Ronald Camper, CNA

Review ID: 2-130010-18

16-569 Ohe Street

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 3/11/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/11/24.


Foster Family Home Background Checks [11-800-8]

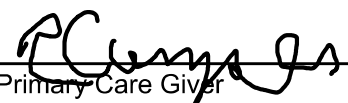
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

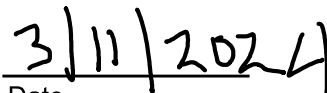
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

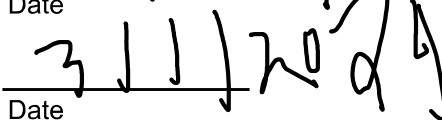
Comment:

8.(a)(1)(2) - APS/CAN and fingerprints expired on 1/26/2024 for HHM #1.


Compliance Manager


Primary Care Giver


Date


Date