

Foster Family Home - Deficiency Report

Provider ID: 1-240069

Home Name: Rollyn Mae Ragmac, NA

Review ID: 1-240069-1

94-485 Hinuhinu Way

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/19/2024

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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/19/24.

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;

Comment:

8.(a)(1) - eCrim expired On 6/22/2024 for CG #3.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current First Aid certification for CG #1. No current First Aid and CPR certification for CG #2.



Compliance Manager


Primary Care Giver
Date 9/19/24
Date 9/19/24