

Foster Family Home - Deficiency Report

Provider ID: 1-240083

Home Name: Crystal Nelson, RN

Review ID: 1-240083-1

94-548 Farrington Hwy

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 10/28/2024

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 11/28/24.

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) - No current fingerprints for HHM #1.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG #1 needs to increase the amount of coverage for Bodily Injury to \$100,000 per accident.


Compliance Manager

Primary Care Giver

10/28/2024
Date
10/28/24
Date