

Foster Family Home - Deficiency Report

Provider ID: 1-240023

Home Name: Christiane Nicole Ranion,
CNA

Review ID: 1-240023-1

94-1172 Kahuahale Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/25/2024

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 4/25/24.

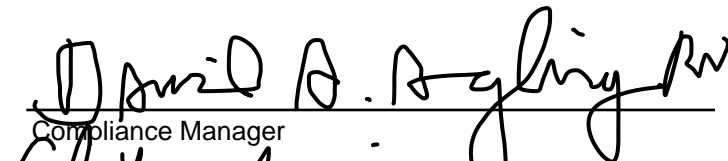
Foster Family Home Background Checks [11-800-8]

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

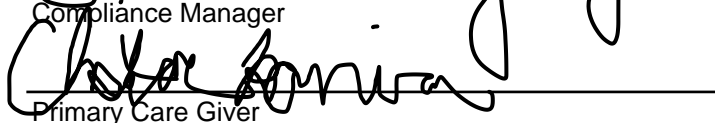
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

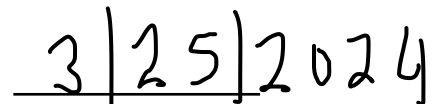
8.(a)(1)(2) - No current (first year) APS/CAN and fingerprints for CG #2.



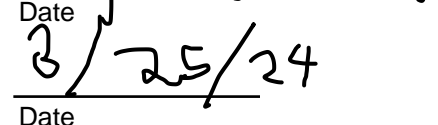
Compliance Manager



Primary Care Giver



Date



Date