

Foster Family Home - Deficiency Report

Provider ID: 1-240018

Home Name: Marlyn Rasay, CNA

Review ID: 1-240018-1

1723 Perry Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/26/2024

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 3/26/24.

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.

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and


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

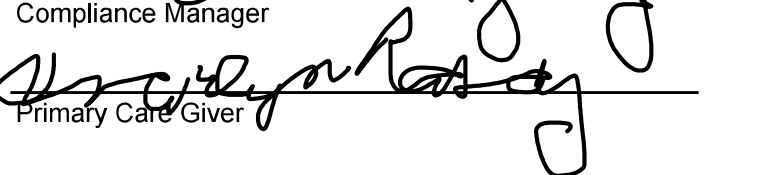
Comment:

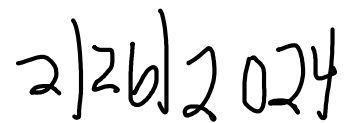
41.(b)(5) - CG #1 needs proof of current Auto Insurance with appropriate amount of coverage for Bodily Injury and Property Damage.

41.(b)(7) - CG #2 needs proof of a current TB clearance.

41.(b)(8) - CG #2 needs proof of current First Aid certification.


Compliance Manager


Primary Care Giver


Date


Date

2/26/2024 1:43:09 PM