

Foster Family Home - Deficiency Report

Provider ID: 1-240018

Home Name: Marlyn Rasay, CNA

Review ID: 1-240018-3

1723 Perry Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 12/5/2024

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

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

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CNA Prometric registry check are not present for CG#1 and CG#2.

Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

Deficiency Report issued during CCFFH inspection via email on 12/5/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No current in TB clearance for HHM#4, #5, and #6. TB exclusion not present for HHM#4, #5, and #6.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. It expired on 11/30/2024.



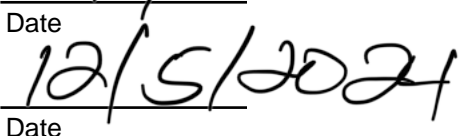
Compliance Manager



Primary Care Giver



Date



Date