

Foster Family Home - Deficiency Report

Provider ID: 1-140008

Home Name: Nympha Rasay, CNA

Review ID: 1-140008-18

94-459 Awamoi Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/12/2025

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/12/24.

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 APS/CAN and eCrim for CG #4. Expired on 7/17/2025.


Compliance Manager

Primary Care Giver

8/12/2025
Date
8/12/2025
Date

CTA RN Compliance Manager:

David Hyling

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction (POC)
 Chapter 11-800

PCG's Name on CCFFH Certificate: NYMPHA RASAY

(PLEASE PRINT)

CCFFH Address: 94-459 Awamoi Pl. Waipahu Hi. 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.1a)(1)	eCrim were renewed and filed in my binder for CG #4.	8/14/2025	I will put a reminder to my calendar to renew all documents 1 month prior to expiration.
8.1a)(2)	Lapse can't be corrected. APS/CAN were renewed for CG #4.	8/26/2025	Make sure to check my binder for all expiring documents.

 All items that were corrected are attached to this POCPCG's Signature: AbonyDate: 8/29/2025 CTA has reviewed all corrected items