

# 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]


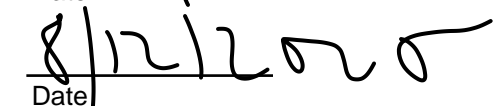
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

  
Date  
  
Date

CTA RN Compliance Manager: David AylingCommunity Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800PCG'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.(a)(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.(a)(2)	Lapse cant be corrected. APS/CAN were renewed for CG #4.	8/16/2025	Make sure to check my binder for all expiring documents.

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