

Foster Family Home - Deficiency Report

Provider ID: 1-180033

Home Name: Renosie Campos, CNA

Review ID: 1-180033-16

1423 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/25/2026

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 inspection made for a 3-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days of issuance (issued on 3/2/26).

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's current Service Plan/HAP dated 2/13/26 without the client/POA's signature. Client #2's Services Plan/HAP dated 9/29/25 also without the client/POA's signature.

54.(c)(5)- Client #2's Medication Administration Record(MAR) for the month of February was last signed on 2/19/26 and August 2025's MAR was last signed on 8/28/25. Client #3's MAR was last signed on 2/17/26.


Compliance Manager

3/2/26
Date

Primary Care Giver

Date