

# Foster Family Home - Deficiency Report

Provider ID: 2-130010

Home Name: Ronald Camper, CNA

Review ID: 2-130010-22

16-569 Ohe Street

Reviewer: Laurie Vosler

Keaau

HI 96749

Begin Date: 1/28/2026

## 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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 02/08/2026.

## 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) Fingerprint and eCrim was not present for HHM# 1.

8.(a)(1) Sex Offender Registry Check was not present in the CCFFH file for HHM# 1.

8(a)(2) APS/CAN checks were not present in the CCFFH file HHM#1.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

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

Comment:

41.a.2 No prometric checks completed for CG# 1 AND CG# 2

41.(b)(7) CG# 1 TB clearance lapsed, was due on/before 11/06/2025 and was done on 01/28/2026.

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 2.

41.(f)(1) Lapse in TB clearance for HHM# 1. TB clearance was due on or before 11/04/2025 and was completed 01/26/26.

41.(f)(1) No current TB clearance for HHM# 2. TB clearance was due on or before 11/06/2025 and was completed 11/06/2024. TB exclusion does not apply.

41.(f)(1) No current TB clearance for HHM# 3. TB exclusion does not apply.

# Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 04/04/25. No fire drill documentation present for May 2025 through December 2025.

46.(b)(2)- CG# 2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 09/09/2024.

54.(c),54(c)(5) MAR last signed 01/20/2026 Client# 1.

54.(c),54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 1/20/26 to 01/28/26 Client #1.

54.(c),54(c)(5) MAR last signed 01/27/2026 Client# 2

54.(c),54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 1/27/26 to 01/28/26 for Client # 2

54.(c),54(c)(5) MAR last signed 01/27/2026 for Client # 3

54.(c),54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 1/27/26 to 01/28/26 for Client # 3.



lpn

Compliance Manager

01/28/26

Date



Primary Care Giver

01/28/26

Date