

Foster Family Home - Deficiency Report

Provider ID: 4-000016

Home Name: Clariza E. Rabanes, CNA

Review ID: 4-000016-18

185 Ani Street

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 3/31/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/14/26.

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) - eCrim expired on 3/21/2026 for CG #4.

8.(a)(2) - APS/CAN expired on 3/8/2026 for CG #2. APS/CAN expired on 3/28/2026 for CG #4

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


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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

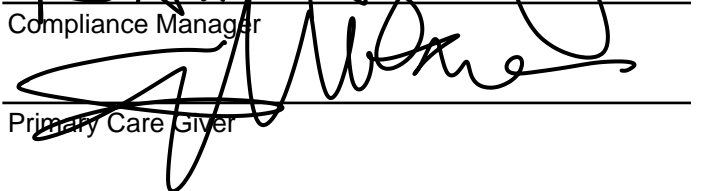
Comment:

41.(b)(7) - TB clearance expired on 3/4/2026 for CG #4.

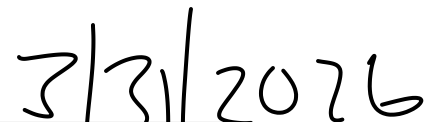
41.(b)(8) - CPR expired on 1/31/2026 for CG #4.




Compliance Manager



Primary Care Giver



Date



Date