

Foster Family Home - Deficiency Report

Provider ID: 4-260012

Home Name: Raisa Neumann, CNA

Review ID: 4-260012-1

679 Maika Place

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 3/27/2026

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

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

Comment:

6.(d)(1) - New 2 bed CCFFH application survey completed.

Deficiencies noted at the time of the inspection. A deficiency report was issued during the inspection. A written plan of correction and evidence of corrections is due to CTA within 10 business days of the receipt of the deficiency report.

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) - The CCFFH did not have evidence that a Sex Offender Registry check had been completed for CG#1, CG#2, and HHMs #1, #2, and #3.

8.(a)(1) - The CCFFH did not have evidence that a fingerprint had been completed for HHM #1. Fingerprint results were pending.

8.(a)(2) - The CCFFH did not have evidence that an APS/CAN had been completed for HHM #1. APS/CAN results were pending.

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

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

41.(b)(5)(C)(iv) Use of an insured vehicle;


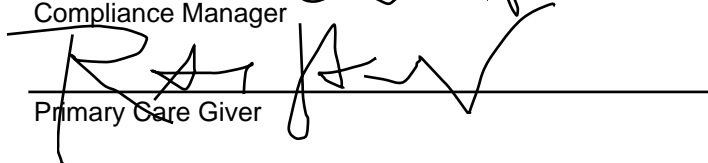
41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.



Comment:

41.(a)(2) - The CCFFH did not have evidence of a Prometric Registry Check for CG#1 and CG#2.

41.(b)(5)(C)(iv) - The CCFFH did not have evidence of an alternate transportation plan/evidence of vehicle insurance for CG#2.

41.(e) - The CCFFH did not have evidence of an SCG approval for CG#2. The CCFFH must have at least one (1) department approved CG prior to certificate approval.


Compliance Manager

Primary Care Giver


Date

Date