

Foster Family Home - Deficiency Report

Provider ID: 1-563082

Home Name: Renalyn Aseret, CNA

Review ID: 1-563082-16

94-205 Haaa Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 10/30/2025

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

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

Comment:

6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/30/2025.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on Approved Department of Health Form F & H, for CG# 4.

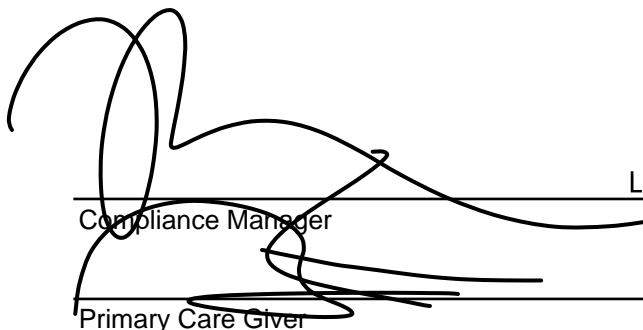
Foster Family Home Records [11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:


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

Comment:

54.(c),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 01/20/2025.



Compliance Manager LPN



Primary Care Giver

10/30/2025

Date

10/30/2025

Date