

# Foster Family Home - Deficiency Report

Provider ID: 1-589856

Home Name: Jeanne Reutirez, CNA

Review ID: 1-589856-21

94-747 Makou Place

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 4/24/2026

## 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 visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 04/24/2026)

## 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)-CG#1 TB clearance not on state approved form. CG#2 TB clearance expired 12/18/2025 with no current results in binder. CG#3 TB clearance expired 10/3/2025 with no current results in binder.

## Foster Family Home Records [11-800-54]

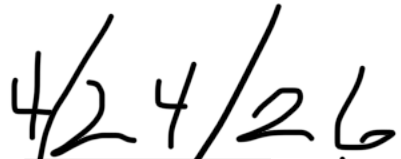
54.(c)(5) Medication schedule checklist;

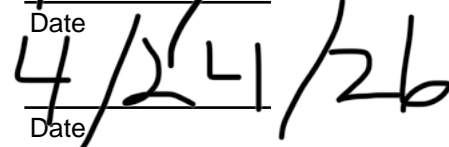
Comment:

54.(c)(5)-No April 2026 Medication Administration Record (MAR) in Client#1 and Client#2 binder.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date