

# Foster Family Home - Deficiency Report

Provider ID: 3-625022

Home Name: Larry Quiabang, CNA

Review ID: 3-625022-10

74-5085 Kumakani Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 10/20/2021

## 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 home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 11/18/2021.

## Foster Family Home Background Checks [11-800-8]

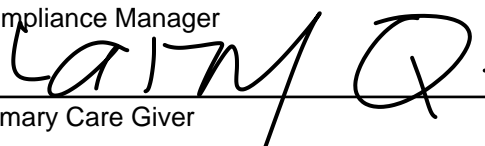
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - CG#2's APS/CAN expired 10/18/21. New result not available in records for review.



Compliance Manager



Primary Care Giver

10/19/21

Date

10/19/21

Date