

# Foster Family Home - Deficiency Report

Provider ID: 1-170046

Home Name: Brigeth Gamiao, CNA

Review ID: 1-170046-7

94-1288 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/24/2022

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/24/22.

## 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), (2)- No APS/CAN/Fingerprint result for HH [REDACTED]

*Maribel Nakamine*

Compliance Manager

*[Signature]*

Primary Care Giver

*6/24/22*

Date

*6/24/22*

Date