

# Foster Family Home - Deficiency Report

Provider ID: 3-625022

Home Name: Larry Quiabang, CNA

Review ID: 3-625022-14

74-5085 Kumakani Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 8/1/2023

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/1/23.

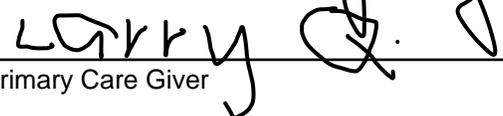
## Foster Family Home Background Checks [11-800-8]

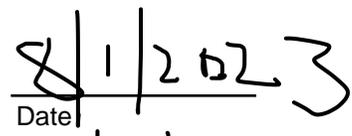
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) - APS/CAN and fingerprints expired on 3/16/2023 for CG #5.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date