

Foster Family Home - Deficiency Report

Provider ID: 1-587686

Home Name: Gladys Asuncion, CNA

Review ID: 1-587686-20

94-446 Kahualoa Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/20/2023

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection

Deficiency Report issued during CCFFH inspection with a Plan of Correction due in 30 days (issued on 9/20/2023)

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

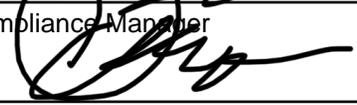
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)-CG#3 APS/CAN expired on 9/16/2022 with no current results present. CG#4 APS/CAN expired on 9/16/2022 with no current results present. HHM#2 APS/CAN expired on 9/21/2022 with no current results present .CG#3 Ecrim expired on 10/5/2022 with no current results present. CG#4 Ecrim expired 10/5/2022 and was not done until 9/20/2023.



Compliance Manager


Primary Care Giver

9/20/23

Date
9/20/23

Date
9/20/2023 2:21:02 PM