

# Foster Family Home - Deficiency Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-15

91-107 Haiea Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/2/2023

## 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/2/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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.and 8.a.2. HHM #3 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

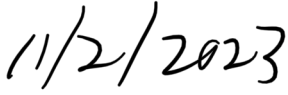
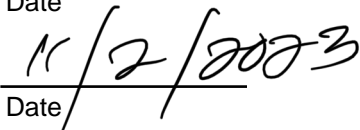
## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature from POA/Client for the current service plan present for Client# 2.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date