

# Foster Family Home - Deficiency Report

Provider ID: 1-561870

Home Name: Gemma Alvia, CNA

Review ID: 1-561870-14

94-915 Kumuaao Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 11/28/2023

## 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 to CTA within 30 days of inspection.  
(Issued on 11/28/2023)

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

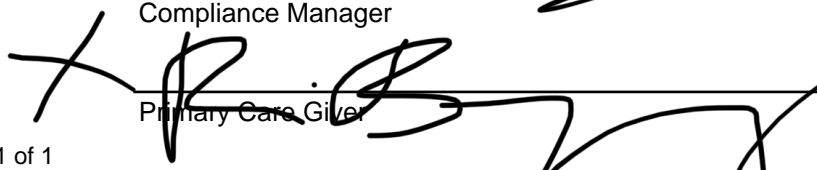
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG#1 APS/CAN lapsed on 11/19/2023 with no current results present.



Compliance Manager



Primary Care Giver

11/28/23  
Date  
11/28/23  
Date