

Foster Family Home - Deficiency Report

Provider ID: 1-210087

Home Name: Marnellie Gabriel, NA

Review ID: 1-210087-5

1916 Kealoha Street

Reviewer: Deborah Baumgart

Honolulu

HI

96819

Begin Date: 10/27/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with the plan of correction due to CTA within 30 days of inspection (issued 10/27/2023)

Foster Family Home	Background Checks	[11-800-8]
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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)- HHM#1 and HHM #3 Need 2nd year fingerprints expired in 7/21/2022 with no current results present.

Compliance Manager

Primary Care Giver

Date

Date