

Foster Family Home - Deficiency Report

Provider ID: 1-582917

Home Name: Gloria Sablay, CNA

Review ID: 1-582917-14

94-1038 Pupuhi Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 2/16/2024

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 annual inspection.

Deficiency Report issued during CCFFH inspection with a plan of correction due to CTA within 30days of inspection.
(Issued on 2/16/2024)

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

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)-APS/CAN lapsed on 2/8/2024 and was not done until 2/14/2024.



Compliance Manager



Primary Care Giver

2/16/24
Date
2/16/24
Date