

Foster Family Home - Deficiency Report

Provider ID: 1-110062

Home Name: Frances Gay-ya, CNA

Review ID: 1-110062-23

1931 Kalihi Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 7/23/2024

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 3-bed annual inspection.

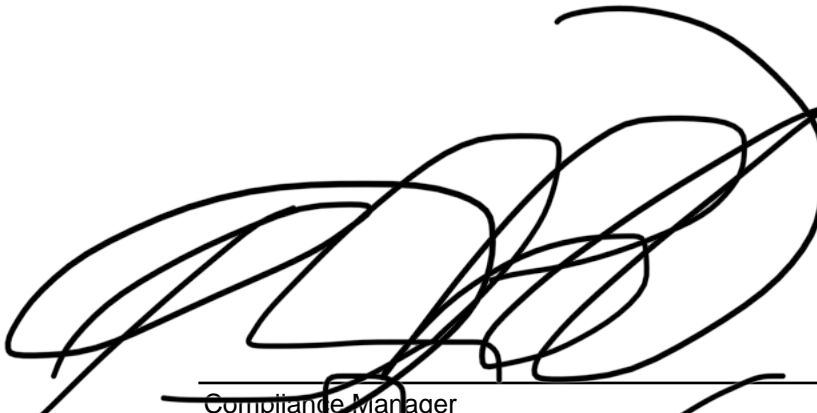
Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 7/23/2024)

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

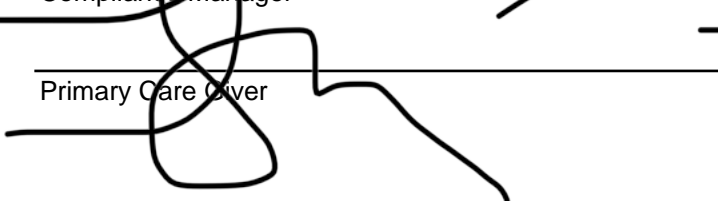
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

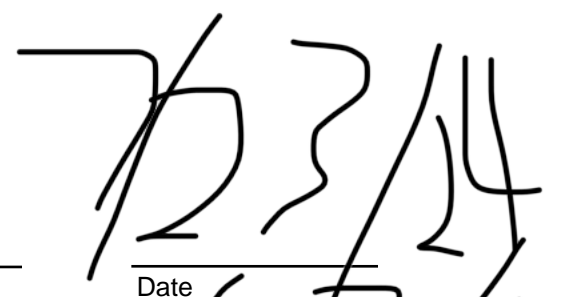
8.(a)(2)-APS/CAN lapsed for CG#2 and CG#3 on 7/22/2024 with no current results present.



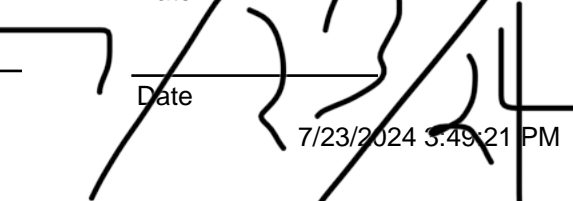
Compliance Manager



Primary Care Giver



Date



Date