

Foster Family Home - Deficiency Report

Provider ID: 1-090104

Home Name: Josephine Gamiao, NA

Review ID: 1-090104-17

91-1082-A Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/8/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/8/2024 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#1, CG#3, and CG#4.

CG#1 APS/CAN was due on or before 3/15/2024 and was completed on 5/10/2024.

CG#3 APS/CAN was due on or before 4/14/2024 and was completed on 5/10/2024.

CG#4 APS/CAN was due on or before 1/15/2024 and was completed on 5/10/2024.

8(c) State Name Check (eCrim) was lapsed for CG#1, CG#3, and CG#4.

CG#1 State Name Check (eCrim) was due on or before 1/5/2024 and was completed on 3/26/2024.

CG#3 State Name Check (eCrim) was due on or before 3/30/2024 and was completed on 7/3/2024.

CG#4 State Name Check (eCrim) was due on or before 12/26/2023 and was completed on 2/8/2024.

Compliance Manager

Date

Primary Care Giver

Date

