

Foster Family Home - Deficiency Report

Provider ID: 1-240021

Home Name: Gemma Roa, CNA

Review ID: 1-240021-1

94-093 Awamoku Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/7/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/7/24.


Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG #1 needs to change auto insurance coverage to the correct amounts of coverage for Bodily Injury and Property Damage.


Compliance Manager 3/7/2024
Date


Primary Care Giver 3/7/2024
Date