

Foster Family Home - Deficiency Report

Provider ID: 1-591380

Home Name: Maria Quiambao, CNA

Review ID: 1-591380-18

87-135 B Kaukamana Road

Reviewer: Deborah Baumgart

Waianae

HI

96792

Begin Date: 7/30/2025

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 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/30/2025)

Foster Family Home	Background Checks	[11-800-8]
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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)-CG#2 and HHM# 3 APS/CAN lapsed 7/7/2024 and was done on 7/29/2024. HHM#2 APS/CAN lapsed 7/13/2024 and was done on 7/29/2024.


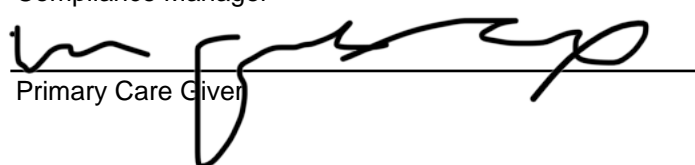
Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2)-CG#1 and CG# 2 no CNA registry check in binder.

I


Compliance Manager

Primary Care Giver

7/30/25
Date
7/30/25
Date