

Foster Family Home - Deficiency Report

Provider ID: 2-200076

Home Name: Maribeth Galamay, CNA

Review ID: 2-200076-9

317 Iliahi Street

Reviewer: Deborah Baumgart

Hilo HI 96720

Begin Date: 8/28/2025

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 8/28/2025)

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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)(2)-CG#1 APS/CAN lapsed 3/30/2025 was not renewed until 7/21/2025. CG#2 APS/CAN lapsed on 3/30/25 & was not renewed until 7/16/25. Ecrim lapsed on 5/1/25 & was not renewed until 7/10/25.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG #2 TB clearance lapsed 5/22/2025 was not renewed until 7/2/2025.



Compliance Manager



Primary Care Giver

8/28/25

Date

8/28/25

Date