

Foster Family Home - Deficiency Report

Provider ID: 1-509292

Home Name: Perly Calaycay Quiaoit, CNA

Review ID: 1-509292-17

4488 Luapele Place

Reviewer: Deborah Baumgart

Honolulu

HI

96818

Begin Date: 8/18/2025

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 plan of correction due to CTA within 30 days of inspection (issued on 08/18/2025.)

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:

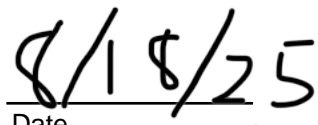
8.(a)(1)-CG#1 APS/CAN lapsed 6/26/2025 was done on 7/30/2025. CG#2 APS/CAN lapsed 7/13/2025 was done on 7/30/2025. CG#3 APS/CAN lapsed 8/30/2024 was done 7/30/2025. CG# 4 APS/CAN lapsed 7/13/2025 was done on 7/30/2025.



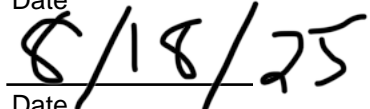
Compliance Manager



Primary Care Giver



Date



Date