

Foster Family Home - Deficiency Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-19

91-107 Haiea Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 10/30/2025

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 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/30/2025)

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:


8.(a)(1)-No sex offender checks present in binder for CG# 1, CG#2, HHM#2 and HHM#3.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2)-No CNA registry checks present in binder for CG# 1



Compliance Manager



Primary Care Giver

10/30/25

Date
10/30/25

Date