

# Foster Family Home - Deficiency Report

Provider ID: 1-250065

Home Name: Herbert Gabriel, RN

Review ID: 1-250065-1

94-422 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/14/2025

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/14/25.


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

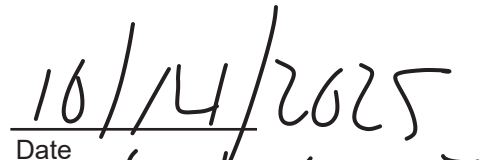
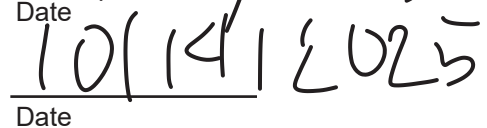
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No current Sex Offender checks for CG #2, CG #3, and CG #4.

  
Compliance Manager

  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: DAVID AYLING, RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: HERBERT GABRIEL  
(PLEASE PRINT)

CCFFH Address: 94-422 KAHUANANI ST. WAIIPAHU HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8/9(1)	Obtained a current copy of sex offender checks from CG #2, CG #3 and CG #4 and placed into home binder.	10/14/2025	Home will use check list to make sure all CG's will have/obtained current sex offender checks before adding them as secondary caregivers to my CCFFH.

All items that were corrected are attached to this POC

PCG's Signature: Herbert Gabriel

Date: 10/23/2025

CTA has reviewed all corrected items