

# Foster Family Home - Deficiency Report

Provider ID: 1-240026

Home Name: Jovelyn Gasmen, RN

Review ID: 1-240026-6

94-399 Apowale Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/25/2026

## 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 re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 2/25/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:


16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#4.

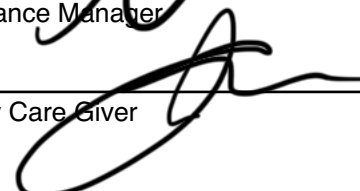
## Foster Family Home Personnel and Staffing [11-800-41]


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


Comment:

41(a)(2) CG#2 and CG#3 are not approved to work in a three beds CCFFH.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date