

Foster Family Home - Deficiency Report

Provider ID: 1-200055

Home Name: Judith A. Gabur, NA

Review ID: 1-200055-12

94-508 Mahoe Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/29/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/29/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Sex Offender check are not present for CG# 1, #2, #3, and #4.

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


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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

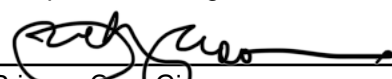
Comment:

41(a)(2)
CG#4 CNA license was expired on 4/30/2024. No new on file.
CNA Prometric registry check are not present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance was not recorded on the standard TB form.



Compliance Manager



Primary Care Giver

9/29/2025

Date

9/29/2025

Date