

Foster Family Home - Deficiency Report

Provider ID: 1-200019

Home Name: Precy Gelacio, NA

Review ID: 1-200019-8

91-812 Hanakahi Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 12/29/2025

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.



Compliance Manager LPN

Primary Care Giver

12/29/2025
Date

12/29/2025
Date