

Foster Family Home - Deficiency Report

Provider ID: 1-591356

Home Name: Gloria Aves, CNA

Review ID: 1-591356-19

98-1519 Hoomahie Loop

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 4/6/2026

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 inspection for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/6/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance lapsed, was due on/before 5/14/2025 and was done on 12/29/2025.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and included each CG at least once per year.

CCFFH last drill conducted was on 10/17/2025.
CG#2 did not conduct a fire drill in the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date