

Foster Family Home - Deficiency Report

Provider ID: 1-572538

Home Name: Nenita Gouveia, CNA

Review ID: 1-572538-19

94-573 Kahuanani Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 3/30/2026

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 03/30/2026)

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)-CG#1 and CG#2 sex offender checks expired 8/6/2025 no current results in binder. CG#3 sex offender check expired 11/25/2025 no current results in binder.

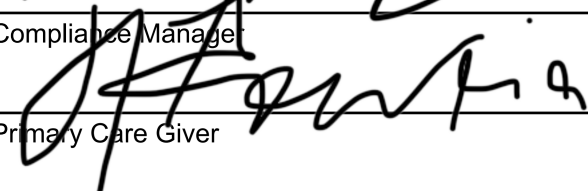
Foster Family Home Personnel and Staffing [11-800-41]

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

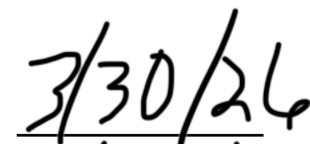
Comment:

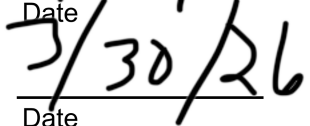
41.(a)(2)-CG#1 and CG#3 CNA registry check expired 10/10/2025 with no current results in binder.



Compliance Manager


Primary Care Giver



Date


Date