

Foster Family Home - Deficiency Report

Provider ID: 1-623472

Home Name: Vivian Gamiao, CNA

Review ID: 1-623472-18

91-1092 Kaunolu Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 3/17/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 3/17/2026).


Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.


Comment:

43.(c)(3): No evidence present in client #1's records of RN delegations given for topical, rectal suppository, enema, inhalation, and nebulizer medication administration for all caregivers.

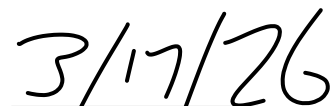
No evidence present in client #2's records of RN delegations given for topical and rectal suppository medication administration for all caregivers.

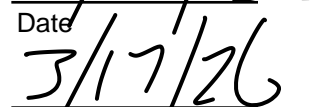


Compliance Manager



Primary Care Giver



Date


Date