

Foster Family Home - Deficiency Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-23

94-1064 A Lumi Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 4/23/2026

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 04/23/2026)

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#1 , CG#3 and CG#4 sex offender check lapsed 7/3/25 with no current results in binder. CG#3 APS/CAN lapsed 11/3/2025 and was done 1/15/2026 Ecrim lapsed 9/20/2025 Fingerprint done 1/15/2026. CG#4 APS/CAN expired 9/22/2025 with no current results in binder. Ecrim expired 3/13/2025 with no current results in binder.


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

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

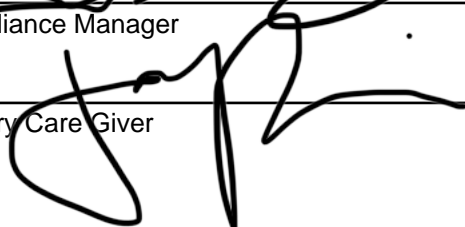
Comment:

41.(a)(2)-CG#1 CNA registry check expired 7/3/2025 with no results in binder. CG#3 no CNA registry checks present in binder.

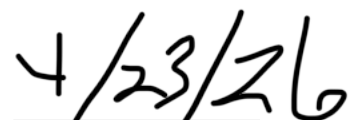
41.(b)(7) CG#1 TB clearance expired 4/5/2025 with no current results in binder. CG#3 TB clearance not on state approved form.



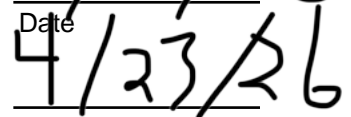
Compliance Manager



Primary Care Giver



Date



Date