

Foster Family Home - Deficiency Report

Provider ID: 4-587785

Home Name: Mary Jean Guira, RN

Review ID: 4-587785-19

383 West Papa Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 5/26/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

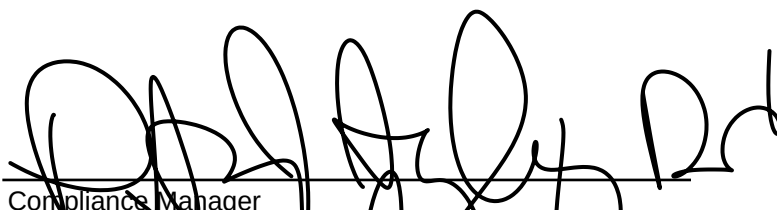
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/9/26.

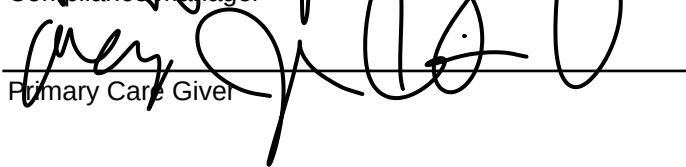
Foster Family Home	Records	[11-800-54]
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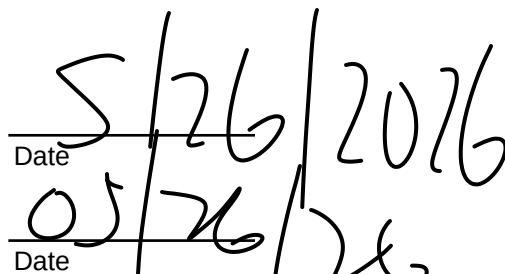
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medication not listed on May 2026 MAR (Gabapentin 100 mg PO).


Compliance Manager


Primary Care Giver


Date


Date

5/26/2026 11:40:16 AM