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]**

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]**

54.(c)(5) Medication schedule checklist;

Comment:

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

Compliance Manager — Date 5/26/2026

Primary Care Giver — Date 05/26/26