

# Foster Family Home - Deficiency Report

Provider ID: 1-120021

Home Name: Marcela Buted, NA

Review ID: 1-120021-10

1616 Malibu Street

Reviewer: Adrienne Kolo

Honolulu

HI 96819

Begin Date: 2/16/2022

## 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 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 3/16/22.


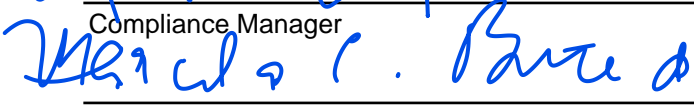
## Foster Family Home Background Checks [11-800-8]


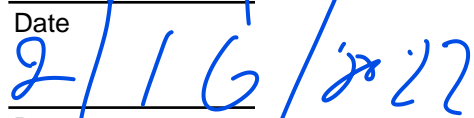
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) - APS/CAN for CG #1 expired 11/20/2021. Renewed on 1/18/2022.  
eCrim for CG #1 expired on 7/18/2021. Renewed on 8/17/2021.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date