

Foster Family Home - Deficiency Report

Provider ID: 2-120043

Home Name: Maria Margarita Velez, CNA

Review ID: 2-120043-14

165 S. Wilder Road

Reviewer: David Ayling

Hilo HI 96721

Begin Date: 6/14/2022

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 7/14/22.

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;

Comment:


8.(a)(1) - CG [redacted] eCrim expired on [redacted]. CG [redacted] eCrim expired on [redacted].

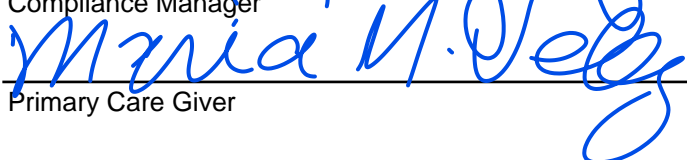
Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

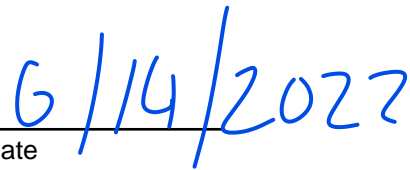
Comment:

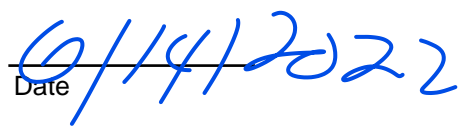
41.(b)(7) - CG [redacted] TB clearance expired on [redacted]. CG [redacted] TB clearance expired on [redacted].



Compliance Manager


Primary Care Giver



Date


Date