

Foster Family Home - Deficiency Report

Provider ID: 2-509771

Home Name: Marilyn Aurelio, CNA

Review ID: 2-509771-17

523 West Kawaihani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 7/13/2023

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 8/13/23. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

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:

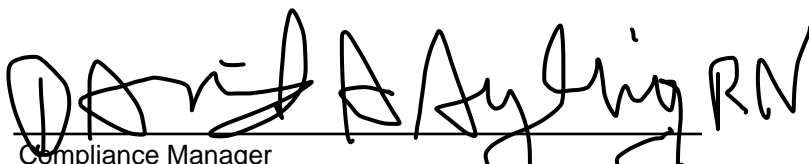

8.(a)(1)(2) - No current APS/CAN and eCrim for CG #1, CG #2, and CG #3. Expired on 9/16/2022 for APS/CAN and 9/2/2022 for eCrim.

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) - No current TB clearance for CG #1. Expired 2022.


Compliance Manager

Primary Care Giver

Date

Date

7/13/23
7-13-23