

# Foster Family Home - Deficiency Report

Provider ID: 2-170057

Home Name: Marilyn Delacruz, CNA

Review ID: 2-170057-11

820-C Uilani Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/23/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/23/23.

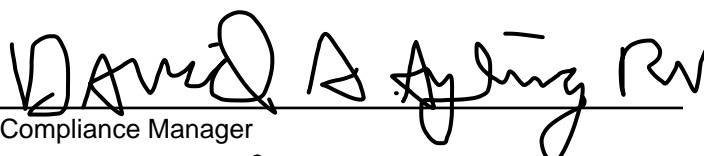
## Foster Family Home Background Checks [11-800-8]

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

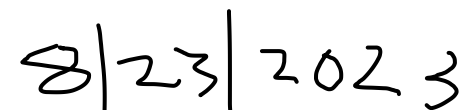
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

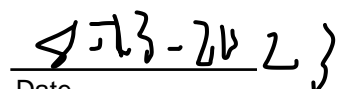
Comment:

8.(a)(1)(2) - APS/CAN and eCrim expired on 2/3/2023 for HHM #1.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date