

Foster Family Home - Deficiency Report

Provider ID: 2-509838

Home Name: Marylou Inocencio, CNA

Review ID: 2-509838-15

195 Kapualani Street

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 10/9/2022 for CG #1, CG #2, CG #3, and HHM #2.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #1.

David Ayling RN

Primary Care Giver

Date

Date