

# Foster Family Home - Deficiency Report

Provider ID: 2-160008

Home Name: Marieta Reyes, CNA

Review ID: 2-160008-15

74-5209 Kauwela Place

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 4/2/2024

## 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 5/2/24.


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

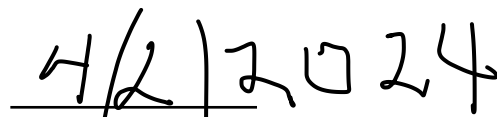
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) - Second year APS/CAN and fingerprints done on 9/26/2023 for HHM #2 and HHM #3. Expired on 5/9/2023.

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date