

Foster Family Home - Deficiency Report

Provider ID: 1-514986

Home Name: Marcelina Saoit, CNA

Review ID: 1-514986-18

94-585 Pilimai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/20/2024

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

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/20/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

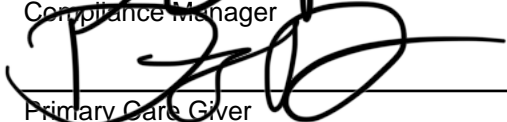
8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:


8.a.1. Second background check is overdue for HHM# 4.

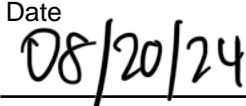
8(c) State Name Check (eCrim) was lapsed for CG# 2 and CG#3. State Name Check (eCrim) was due on or before 3/15/2024 and was completed on 3/20/2024.



Compliance Manager


Primary Care Giver



Date


Date