

Foster Family Home - Deficiency Report

Provider ID: 2-512170

Home Name: Maria Cariaga, CNA

Review ID: 2-512170-15

527 Awela Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 6/17/2024

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 7/17/24.

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


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

Comment:

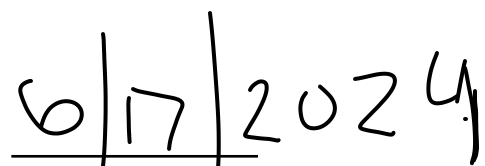
8.(a)(2) - APS/CAN done on 5/30/2023 for CG #2. Expired on 2/1/2023.



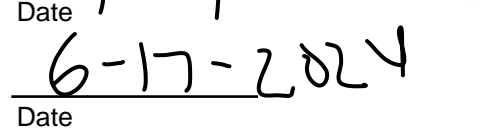
Compliance Manager



Primary Care Giver



Date



Date