

Foster Family Home - Deficiency Report

Provider ID: 2-170057

Home Name: Marilyn Delacruz, CNA

Review ID: 2-170057-13

820-C Uilani Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 7/16/2024

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/16/24.

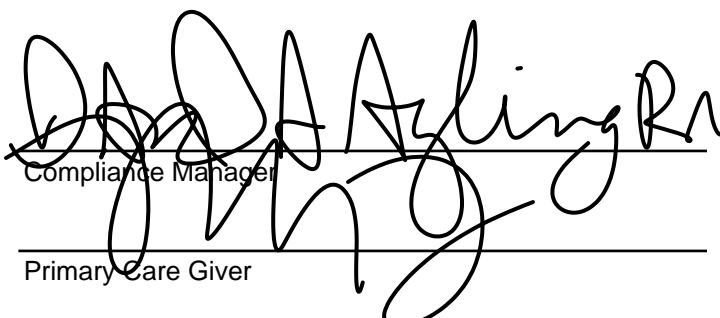
Foster Family Home Background Checks [11-800-8]

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

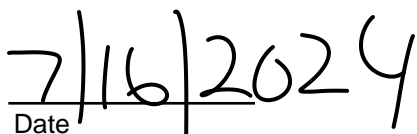
Comment:

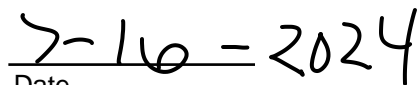
8.(a)(1)(2) - APS/CAN and fingerprints expired on 3/16/2023 for CG #2. Not done until 7/2/2023.



Compliance Manager

Primary Care Giver



Date


Date