

# Foster Family Home - Deficiency Report

Provider ID: 2-509838

Home Name: Marylou Inocencio, CNA

Review ID: 2-509838-17

195 Kapualani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 7/18/2024

## 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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/18/24.

## 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;

Comment:

8.(a)(1) - No current eCrim for CG #1, CG #2, and CG #3. Expired on 9/23/2023 for CG #1 and CG #2. Expired on 2/17/2023 for CG #3.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and


41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

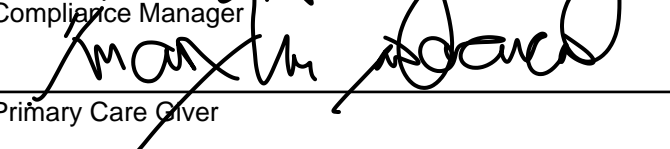
Comment:

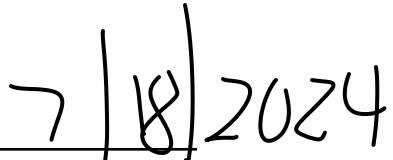
41.(b)(7) - No current TB clearance for CG #1, CG #3, and HHM #2.


41.(b)(8) - No current First Aid certification for CG #3. Expired on 6/7/2024.

No current Blood Borne Pathogen certification for CG #2 and CG #3. Expired on 12/20/2023 for CG #2. Expired on 3/24/2024 for CG #3.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date