

Foster Family Home - Deficiency Report

Provider ID: 2-240077

Home Name: Jennifer Palilio, CNA

Review ID: 2-240077-3

2238 Kilauea Avenue

Reviewer: Po Lim

Hilo

HI 96720

Begin Date: 8/28/2025

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/28/2025 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

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)(2) APS/CAN checks were overdue HHM#1.

APS/CAN was due on or before 4/2/2025 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for HHM#1. State Name Check (eCrim) was due on or before 4/2/2025 and was not present in the CCFFH file.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No current TB clearance for HHM#1. TB clearance was due on or before 5/24/2025 and was not present in the file.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- The CCFFH did not meet the sufficient liability amount on current automobile policy. CCFFH currently have \$40k BI and \$15k PD.

Compliance Manager


Palilio

Primary Care Giver


Date 8/28/2025
Date 8/28/2025