

# Foster Family Home - Deficiency Report

Provider ID: 2-170057

Home Name: Marilyn Delacruz, CNA  
820-C Uilani Place  
Hilo HI 96720

Review ID: 2-170057-15  
Reviewer: Po Lim  
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 3 bed re-certification inspection.

Client#1 1147 form is not present.

Client #2 has an expired Form 1147 on 11/2/2024.

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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Two sets of Fingerprints was not present for CG#3. CG#3 does not present on file.

## Foster Family Home

## Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2, #3, #4, and HHM#1.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.b.4 No disclosure form present for CG#4.

# Foster Family Home - Deficiency Report

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.	

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours worked in a day or week.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
(3P)(b)(1) Fire	shall be conducted monthly	
(3P)(b)(2) Fire	shall be held at different times of the day, evening, and night	
(3P)(b)(4) Fire	shall include testing of smoke detectors	
(3P)(b)(6) Fire	shall include all SCGs at least once per year	

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

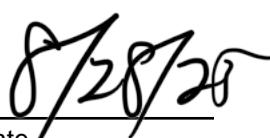
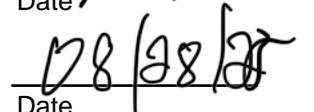
CCFFH did not conduct fire drill from July 2024 through April 2025.  
CG#2 and CG#4 did not conduct a fire drill in the past 12 months.

Foster Family Home	Quality Assurance	[11-800-50]
50.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:	

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. The policy and procedure was not present in the file.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date