

Foster Family Home - Deficiency Report

Provider ID: 2-559792

Home Name: Marjorie Foronda, CNA

Review ID: 2-559792-17

17-186 Ipuaiwaha Street

Reviewer: Deborah Baumgart

Kea'au

HI

96749

Begin Date: 8/26/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-annual inspection.

Deficiency report issued during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection.
(issued on 8/26/2025)

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-No sex offender checks for CG#1 and CG#2 in binder.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(1)-No CNA registry checks for CG# 1 and CG# 2 in binder.

41.(b)(7)-CG#1 TB clearance lapsed 3/20/2025 with no current results in binder. CG#2 TB clearance lapsed 2/23/2025 with no current results in binder.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

Comment:

51.(a)(1)-General Liability insurance lapsed 11/30/2024 with no current results in binder.

Compliance Manager

Primary Care Give

Date

Date