

# Foster Family Home - Deficiency Report

Provider ID: 1-250108

Home Name: Catherine Palacio, CNA

Review ID: 1-250108-1

94-441 Hene Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 1/28/2026

## 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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/11/26.

## 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) - Sex Offender checks not filled out correctly for CG #1, CG #2, and HHM #1.

## 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) - HHM #1, CG #2, and CG #3 need proof of training on confidentiality policies and procedures and client privacy rights.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

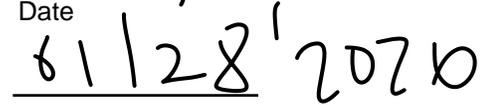
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5) - CG #1 needs to increase the auto coverage for Property Damage to \$100,000.

41.(b)(8) - CG #2 and CG #3 need proof of current certification for Blood Borne Pathogen.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date