

Foster Family Home - Deficiency Report

Provider ID: 2-130012

Home Name: Jeffry Arellano, CNA

Review ID: 2-130012-23

67 Hokulani Street

Reviewer: Po Lim

Hilo HI 96720

Begin Date: 1/29/2026

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/29/2026 with Plan of Correction due to CTA within 10 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;

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)(1)
Second Fingerprint check is overdue for CG#3, was due on/before 8/2/2024.


8(c) State Name Check (eCrim) was lapsed for CG#3. State Name Check (eCrim) was due on or before 12/20/2025 and was completed on 1/19/2026.


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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

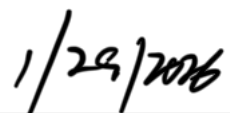
Comment:

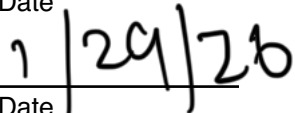
41(a)(3) No job experience form present for CG#3.



Compliance Manager


Primary Care Giver



Date


Date