

Foster Family Home - Deficiency Report

Provider ID: 2-559198

Home Name: Joel Solmerin, CNA

Review ID: 2-559198-19

1700 Keone Street

Reviewer: Deborah Baumgart

Hilo HI 96720

Begin Date: 9/25/2025

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 annual inspection.


Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/25/2025)

Foster Family Home Background Checks [11-800-8]

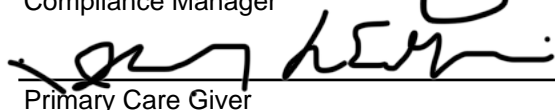
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG#1 Ecrim lapsed 8/2/2025 with no current results in binder. HHM#1 Ecrim lapsed 8/14/2025 with no current results in binder.



Compliance Manager



Primary Care Giver

9/25/25

Date
9/25/25

Date