

Foster Family Home - Deficiency Report

Provider ID: 1-595457

Home Name: Maricris Rodriguez, CNA

Review ID: 1-595457-18

91-1003 Opaehuna Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 2/3/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/3/2026).

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:

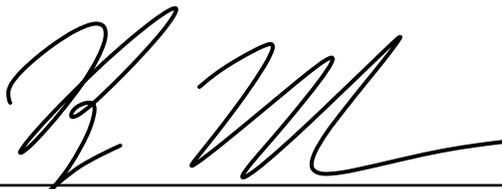
8.(a)(1): Evidence of lapse of criminal background check for CG#1. Background check was due by 8/14/2025 and completed 9/06/2025.

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

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

Comment:

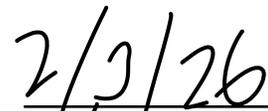
41.(B)(8): Bloodborne pathogen training was due by 1/2/2026 for CG#3 and CG#6.



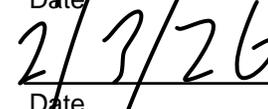
Compliance Manager



Primary Care Giver



Date



Date