

Foster Family Home - Deficiency Report

Provider ID: 1-220027

Home Name: Marie Angelyn de Leon, RN

Review ID: 1-220027-9

95-231 Waipono Street

Reviewer: Ryan Nakamura

Mililani

HI 96789

Begin Date: 1/12/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days. (inspection date: 1/12/2026).

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): 2nd set of background checks (APS/CAN/criminal) were due by 7/1/2025 for HHM#3.

2nd set of background checks (APS/CAN/criminal) were due by 10/18/2025 for HHM#4.

8.(a)(2): Evidence of lapse of APS/CAN clearance present in CCFFH records for CG#1. APS/CAN was due by 7/7/2025 and completed 8/6/2025.

Foster Family Home Physical Environment [11-800-49]

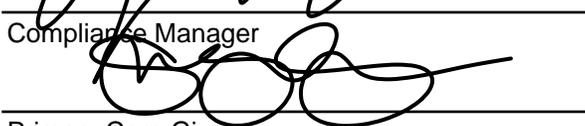
49.(e)(1) Prohibit smoking in enclosed living and recreational areas used by clients; and

Comment:

49.(e)(1): CG#1 and client #2 verbalized that client #2 smokes in his bedroom. Evidence of smoking found on bedside table in client #2's bedroom. Smoking is prohibited in enclosed living areas used by the clients.



Compliance Manager



Primary Care Giver

1/12/26
Date

1/12/26
Date