

# Foster Family Home - Deficiency Report

Provider ID: 2-509771

Home Name: Marilyn Aurelio, CNA

Review ID: 2-509771-21

523 West Kawaihāni 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 3-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;

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)-CG#1 APS/CAN fingerprints lapsed 8/2/2025 with no current results in binder. CG#2 APS/CAN fingerprints lapsed 2/24/2025. APS/CAN done 9/11/2025. Ecrim done 9/3/2025.

CG#3 and CG# 4 APS/CAN lapsed 7/18/2025 with no current results in binder. Ecrim lapsed 7/11/2025 with no current results in binder.

CG# 5 APS/CAN lapsed 8/2/2025 with no current results in binder. Ecrim lapsed 7/11/2025 with no current results in binder.

8.(a)(1)-CG#1, CG#2, CG#3,CG#4, and CG#5 no sex offender checks in binder.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2)-CG#1, CG#2 and CG#4 no CNA registry checks in binder.

41.(b)(7)-CG#1 TB clearance lapsed 7/24/2025 with no current results in binder. CG#3 TB clearance lapsed 7/24/24 with no current results in binder. CG#4 TB clearance lapsed 7/15/2025 with no current results in binder. CG#5 TB clearance lapsed 10/5/2024 with no current results in binder.

  
C  
F  
Marilyn Aurelio

9/25/25  
9/25/25

CTA RN Compliance Manager: Deborah Baumgart

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Marilyn Aurelio  
(PLEASE PRINT)

CCFFH Address: 523 W. Kawaniani St. Hilo Hawaii 96720  
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8(a)(1)(2)	Lapse can not be corrected for care giver #1, 2, 3, 4, and 5. APS/CAN completed.	10/14/25	Home will use a wall calendar to put all the due date of APS/CAN and Exam and be done 3 weeks before due date to prevent future lapses.
8(a)(1)	Ensure to review all the news letter to implemented all the updated requirements. Self-audit completed for care giver #1, 2, 3, 4, 5.	10/24/25	Ensure to put all in the wall calendar of all the requirements so its done to avoid updated requirements.
41(a)(2)	All news letter be reviewed & implemented all updated requirements. CNA Registry check completed for care giver #1, #2, #4.	10/24/25	Ensure to put or write in the wall calendar all the requirements so its done to avoid missing updated requirements.
41(b)(1)	Lapse can not be corrected. TB closure completed for care givers #1, 3, 4 and 5.	10/1/25	Home use a wall calendar and put all the due dates and also inform to the other care givers and be done 3 weeks before due.

All items that were corrected are attached to this POC

PCG's Signature: Marilyn Aurelio

Date: 12/17/25

CTA has reviewed all corrected items