

Foster Family Home - Deficiency Report

Provider ID: 4-230019

Home Name: Myrna Clemente, NA

Review ID: 4-230019-7

816 Olena Street

Reviewer: David Ayling

Wailuku

HI 96793

Begin Date: 1/21/2026

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/4/26.

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:

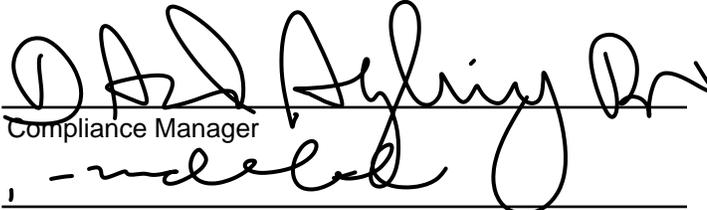
8.(a)(1) - Street Address and City on Sex Offender check needs to be deleted for CG #1, CG #2, CG #3, CG #4, and CG #5.

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

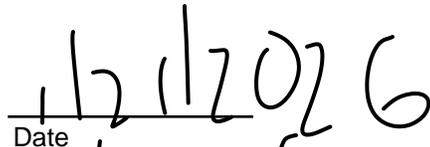
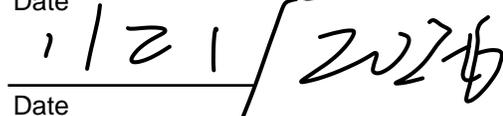
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CG #3 needs to have a current CPR/First Aid from an approved organization (can't be done on-line). CG #5 CPR/First Aid expired on 10/13/2025. Was not renewed until 10/19/2025.


Compliance Manager

Primary Care Giver


Date

Date