

# Foster Family Home - Deficiency Report

Provider ID: 2-582769

Home Name: Marisol Galzote, CNA

Review ID: 2-582769-19

1506 Mailani Street

Reviewer: Laurie Vosler

Hilo HI 96720

Begin Date: 4/2/2026

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

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

Comment:

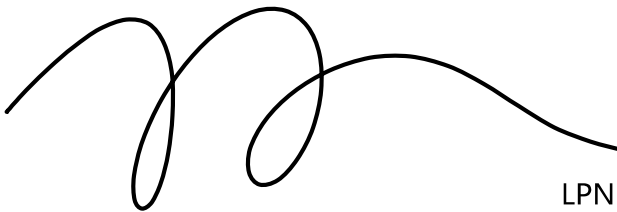
6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection. (04/02/2026)

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM # 5 (all 3 minors ages 15, 14, & 7). CCFFH does not qualify or meet specifications for TB Exemption Form.



LPN

Compliance Manager

Primary Care Giver

04/02/2026

Date

04/02/2026

Date