

# Foster Family Home - Deficiency Report

Provider ID: 1-170091

Home Name: Marianne Cacatian, CNA

Review ID: 1-170091-15

2421 Notley Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/26/2025

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/26/25.

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

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(a)(2) - No current CNA verification check present in ccffh binder for CG #1.

41.(b)(5) - No current auto insurance for CG #2.

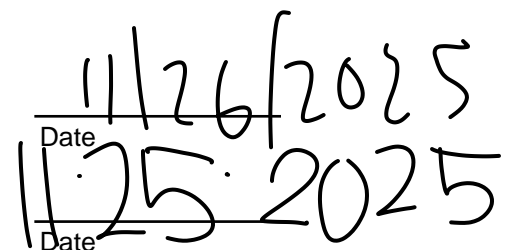
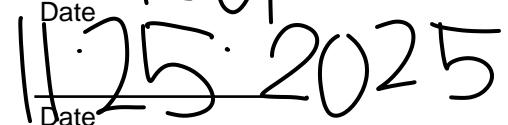
## Foster Family Home Records [11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

Comment:

54.(c) - No current 1147 for client #1 present in client's chart. Expired on 8/29/2024.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date