

Foster Family Home - Deficiency Report

Provider ID: 1-569931

Home Name: Marcelina Tito, CNA

Review ID: 1-569931-17

91-851 Kapana Place

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 6/29/2026

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

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

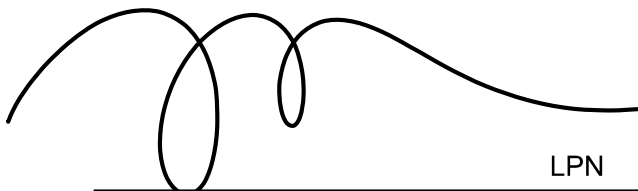
41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 1 & 2.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.



LPN

Compliance Manager

Primary Care Giver

06/29/2026

Date

06/29/2026

Date