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]**

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]**

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]**

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

06/29/2026

Date

Primary Care Giver

06/29/2026

Date