Foster Family Home - Deficiency Report

Provider ID:	**1-260030**		
Home Name:	**Marifi Vitale, CNA**	**Review ID:**	**1-260030-1**
91-797 C Makule Road		Reviewer:	Laurie Vosler
Ewa Beach HI 96706		Begin Date:	6/15/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days from receipt of deficiency

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

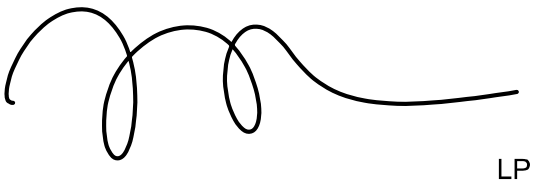
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 3

41.(f)(1) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM # 2.



LPN

Compliance Manager

06/16/2026

Date

Primary Care Giver

06/16/2026

Date