Foster Family Home - Deficiency Report

Provider ID:	**2-170057**		
Home Name:	**Marilyn Delacruz, CNA**	**Review ID:**	**2-170057-17**
820-C Uilani Place		Reviewer:	Ryan Nakamura
Hilo HI 96720		Begin Date:	6/17/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 6/17/2026).

Foster Family Home **Background Checks** **[11-800-8]**

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): APS/CAN clearance was due by 9/8/2025 for HHM#1.

Foster Family Home **Physical Environment** **[11-800-49]**

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client #1's records of written consent/acknowledgement of use of camera/monitor in client's bedroom and common areas signed by client's POA.

Compliance Manager — Date 6/17/26

Primary Care Giver — Date 6/17/26

6/17/2026 12:37:16 PM