

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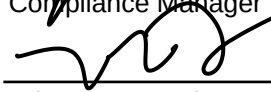
49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

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



Primary Care Giver

6/17/26  
6/17/26

Date

Date