Foster Family Home - Deficiency Report

Provider ID:	**2-110065**		
Home Name:	**Marilyn Foster, CNA**	**Review ID:**	**2-110065-29**
81-2056 Haku-Nui		Reviewer:	Po Lim
Captain Cook HI 96704		Begin Date:	6/26/2026

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 inspection for a 2 bed CCFFH re-certification.

42.a.1. Client #1 Form 1147 is expired on 4/7/2026 and Client #2 Form 1147 is expired on 12/8/2025.

Deficiency Report issued during CCFFH inspection via email on 6/26/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1). Second Fingerprint check is not present in the file for CG#2.

Compliance Manager — Date 6/26/2026

Primary Care Giver — Date 6/26/26