

Foster Family Home - Deficiency Report

Provider ID: 2-510778

Home Name: Marisa Viernes, LPN

Review ID: 2-510778-21

58 West Naauao Street

Reviewer: Deborah Baumgart

Hilo HI 96720

Begin Date: 6/25/2026

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 visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 06/25/2026)

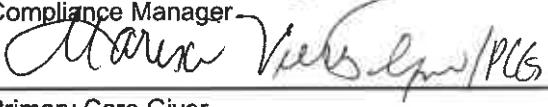
42.(a)-Client #2 no 1147 in binder.

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)-CG#1, CG#2, and CG#3 TB clearance not on state approved form.


Compliance Manager

Primary Care Giver

6/25/2026

Date

6-25-26

Date