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.

Deborah Baumgart
Compliance Manager

6/25/2026
Date

Marisa Viernes Lpn/PCG
Primary Care Giver

6-25-26
Date