Foster Family Home - Deficiency Report

Provider ID:	**1-100007**		
Home Name:	**Marivel Billete, CNA**	**Review ID:**	**1-100007-22**
91-1031 Makaike Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	5/15/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 5/15/2026).

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): TB clearance was due by 3/26/2026 for CG#2.

Compliance Manager — Date 5/15/26

Primary Care Giver — Date 5/15/26

5/15/2026 12:02:35 PM