

Foster Family Home - Corrective Action Report

Provider ID: 4-597114

Home Name: Chita Madariaga, CNA

Review ID: 4-597114-9

801 Makaala Drive

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 2/4/2021

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 annual home inspection for 2 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 3/4/2021.

No clients in the home at this time.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:


41.(f)(1) - PCG and SCG #1-lapse in TB clearance. Expired 3/2020.



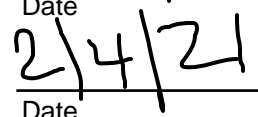
Compliance Manager



Primary Care Giver



Date



Date