

# Foster Family Home - Deficiency Report

Provider ID: 1-190081

Home Name: Jesica Hinojosa, CNA

Review ID: 1-190081-5

1705 Maliu Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 7/13/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)  
Home Requesting to increase to 3 clients at this recertification inspection.  
Home inspection completed for a 3 person CCFFH recertification.

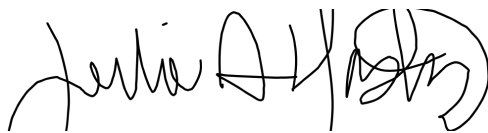
- Home inspection completed for a 3 person CCFFH recertification  
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 8/13/2021

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)  
No July 2021 Medication Administration Record for Client #1



Compliance Manager



Primary Care Giver

7/13/2021

Date

7/13/2021

Date