

Foster Family Home - Deficiency Report

Provider ID: 1-510190

Home Name: Mildred Uytiepo, CNA

Review ID: 1-510190-11

1637 Ahihi 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 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

Foster Family Home Records [11-800-54]

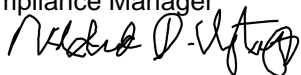
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) 2 medications not on July 2021 Medication Administration Record



Compliance Manager



Primary Care Giver

7/7/2021

Date

7/14/2021

Date