

Foster Family Home - Deficiency Report

Provider ID: 1-574625

Home Name: Rebecca Madrid, CNA

Review ID: 1-574625-10

2646 Kalihi Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 7/1/2022

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 inspection conducted. Deficiency report issued during home visit with a written plan of correction due to CTA on 08/01/2022

Foster Family Home Records [11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

54.(b)(1) Home chart is in disarray making it difficult to survey



Compliance Manager


Primary Care Giver

7/1/22

Date
7/1/22

Date