

Foster Family Home - Deficiency Report

Provider ID: 2-200032

Home Name: Carmela Santiago, CNA

Review ID: 2-200032-6

16-1331 Pohaku Circle

Reviewer: David Ayling

Kea'au

HI

96749

Begin Date: 8/24/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 9/24/22. PCG requests to increase to a 3-client ccffh.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(4) - No Disclosure form for CG #2.

41.(b)(7) - No current TB clearance for CG #1.

Foster Family Home	Records	[11-800-54]
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54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Dosage on medication bottle different from MAR on one medication for client #1. Dosage on medication bottle different from MAR on one medication for client #2.

David A. Ayling
Compliance Manager

Carmela Santiago
Primary Care Giver

8/24/2022
Date

8/24/2022
Date