

Foster Family Home - Deficiency Report

Provider ID: 1-210001

Home Name: Ericka Samantha M. Madrid,
NA

Review ID: 1-210001-8

86-288 Saint Johns Road Apt. G-1

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 11/21/2022

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. Unannounced inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/21/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1. And 8.a.2 CG#1 did not meet the 2 sets of APS/ CAN/ fingerprinting within 12 months period.

Compliance Manager

Primary Care Giver

Date

Date