

Foster Family Home - Deficiency Report

Provider ID: 1-190075

Home Name: Marie Alane Garrido, NA

Review ID: 1-190075-9

271 Kaliponi Street

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 8/22/2023

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 visit made for a 2-bed annual inspection.

Deficiency Report during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection (issued on 8/22/2023)

Foster Family Home Personnel and Staffing [11-800-41]

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


Comment:


41.(b)(7)- CG#3 TB clearance lapsed on 8/10/2023 with no current results present.



Compliance Manager


Primary Care Giver



Date


Date