

# Foster Family Home - Deficiency Report

Provider ID: 4-220094

Home Name: Maricel Salgado, CNA

Review ID: 4-220094-3

124 Ohukai Road

Reviewer: Terri Van Houten

Kihei HI 96753

Begin Date: 10/26/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/26/2023.

6.(d)(1) - CCFFH did not have evidence of an 1147 for client #1 and client #2. Client # 2's 1147 on file expired 4/28/23.

Foster Family Home	Client Account	[11-800-48]
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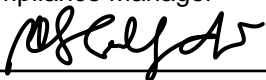
48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

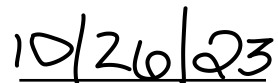
48.(a) - CCFFH did not have evidence that the monthly personal allowance was being provided and who was responsible for managing the expenses for client #2.



Compliance Manager



Primary Care Giver



Date



Date