

Foster Family Home - Deficiency Report

Provider ID: 4-597114

Home Name: Chita Madariaga, CNA

Review ID: 4-597114-15

801 Makaala Drive

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 1/17/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 2/17/24.

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) - CCFFH did not have evidence of a current TB clearance for CG#1 and CG#2. TB clearance on file was due 4/23/23.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medication discrepancy noted for client #1 at time of inspection. Medication appeared on MAR and most recent medication orders but was not present in the CCFFH. CG#1 indicated that the medication had been discontinued.


Compliance Manager

Primary Care Giver

1/17/24
Date
1/17/24
Date