

Foster Family Home - Deficiency Report

Provider ID: 1-620791

Home Name: Edelyn Baltazar, CNA

Review ID: 1-620791-13

1036 Pulaa Lane

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 2/12/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/13/2024).


Foster Family Home Records [11-800-54]

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


Comment:

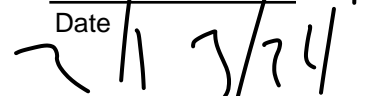
54.(c)(5): Evidence by CCFFH of medication discrepancy noted on medication on hand compared to medication administration record.



Compliance Manager


Primary Care Giver



Date


Date