

Foster Family Home - Deficiency Report

Provider ID: 1-210001

Home Name: Ericka Samantha Madrid
Semanero, CNA

Review ID: 1-210001-13

86-053 Farrington Highway

Reviewer: Deborah Baumgart

Waianae HI 96792

Begin Date: 9/26/2024

Foster Family Home

Required Certificate

[11-800-6]


6.(d)(1) Comply with all applicable requirements in this chapter; and

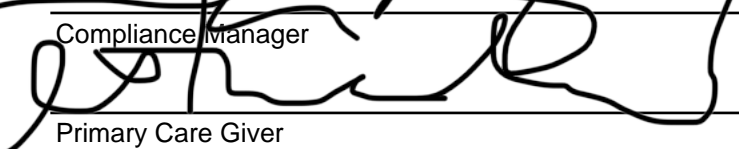
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

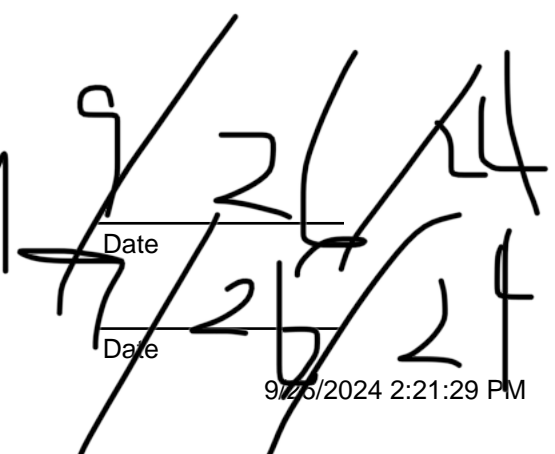
CCFFH met all requirements at the time of the inspection

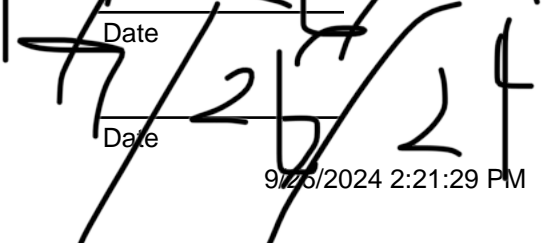
PCG requests to increase from a 2-bed to 3-bed CCFFH.



Compliance Manager


Primary Care Giver



Date


Date