

Foster Family Home - Deficiency Report

Provider ID: 2-120079

Home Name: Marfe Retundo, CNA

Review ID: 2-120079-17

15-1617 31st Street

Reviewer: David Ayling

Kea'au

HI 96749

Begin Date: 9/11/2024

Foster Family Home Required Certificate [11-800-6]

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

Comment:


6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/11/24.

Foster Family Home Records [11-800-54]


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

Comment:

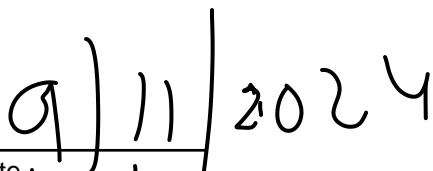
54.(c)(5) - Wrong dosage on medication bottle that is stated on the Doctor's order and the MAR for Client #2. (CMA #2)



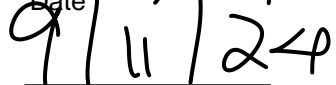
Compliance Manager



Primary Care Giver



Date



Date