

Foster Family Home - Deficiency Report

Provider ID: 4-220094

Home Name: Maricel Salgado, CNA

Review ID: 4-220094-5

124 Ohukai Road

Reviewer: Terri Van Houten

Kihei HI 96753

Begin Date: 10/29/2024

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 11/29/24.

Foster Family Home Records [11-800-54]

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

Comment:

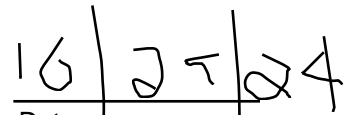
54.(c)(5) - The CCFFH did not have evidence that the medication orders, prescription bottles and medication administration record matched for client #2. Client #2 had three medications ordered "as needed". Medications present had different doses and frequencies noted from the last available physician orders.



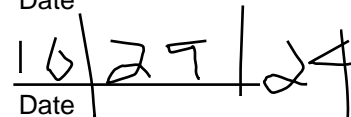
Compliance Manager



Primary Care Giver



Date



Date