

# Foster Family Home - Deficiency Report

Provider ID: 1-110057

Home Name: Angelina Madrid, NA

Review ID: 1-110057-18

530 Kani-ahe Street

Reviewer: Ryan Nakamura

Wahiawa HI 96786

Begin Date: 7/1/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 within 30 days of inspection (inspection date: 7/1/2025).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8): No evidence present in CCFFH records of current first aid training for CG#4 and CG#5. First aid training expired 7/1/2023 for CG#4 and 2/19/2025 for CG#5.

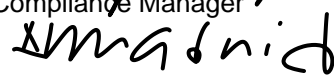
Foster Family Home	Client Care and Services	[11-800-43]
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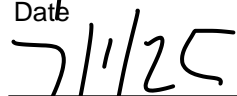
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records for RN delegations by client #1's case management agency for eye drop medication administration for CG#1, CG#2, CG#3, CG#4, and CG#5.

43.(c)(3): No evidence present in client records for RN delegations by client #2's case management agency for rectal suppository medication administration for CG#1, CG#2, CG#3, CG#4, and CG#5.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date