

Foster Family Home - Deficiency Report

Provider ID: 1-190075

Home Name: Marie Alane Garrido, CNA

Review ID: 1-190075-13

271 Kaliponi 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 3 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	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 of RN delegations for eye drop medication administration by client #1's case management agency for CG#1, CG#2, CG#5, and CG#6.

43.(c)(3): No evidence present in client records of RN delegations for oral, topical, and rectal suppository medication administration by client #1's case management agency for CG#1, CG#2, CG#5, and CG#6.

Foster Family Home	Records	[11-800-54]
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54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): No documentation of medication administration of fish oil medication for client #2. Fish oil not listed in client's medication administration record (MAR).


Compliance Manager

Primary Care Giver


Date

Date