

Foster Family Home - Deficiency Report

Provider ID: 1-110018

Home Name: Charly Micua, CNA

Review ID: 1-110018-20

94-423 Hiahia Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 1/15/2026

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:

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

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 01/15/2025)

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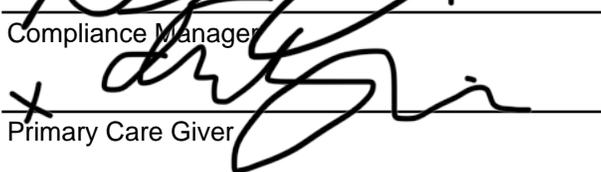
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)-No daily documentation of medication administration for client #3 for month of 01/2026.



Compliance Manager



Primary Care Giver

1/15/26
Date

1/15/26
Date