

Foster Family Home - Deficiency Report

Provider ID: 4-597114

Home Name: Chita Madariaga, CNA

Review ID: 4-597114-19

801 Makaala Drive

Reviewer: David Ayling

Wailuku HI 96793

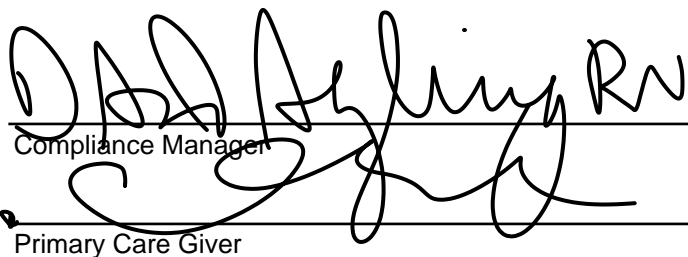
Begin Date: 2/19/2026


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

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

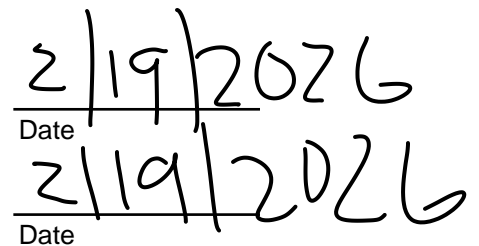
Comment:

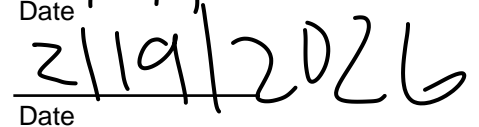
6.(d)(1) - Unannounced Home inspection for a 2 person CCFFH recertification. Currently has only 1 client (Medicaid). All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date