

# Foster Family Home - Corrective Action Report

Provider ID: 1-100013

Home Name: Melanny Lopez, CNA

Review ID: 1-100013-10

94-205 Wehena Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/16/2021

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

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

Comment:

6.(d)(1) - Annual unannounced inspection for a 3 person CCFFH. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/16/21.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No second year APS/CAN and fingerprints for CG #3. Expired on 3/4/2021.

8.(a)(2) - No current APS/CAN for CG #1, CG #2, CG #4, and HHM #3. Expired on 6/5/2021.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #2, CG #3, CG #4, and HHM #3.

Expired on 2/4/2021.

41.(b)(8) - No current CPR/First Aid certification for CG #1, CG #2, CG #3,

and CG #4. Expired on 4/12/2021. No current Blood Borne Pathogen certification for CG #1, CG #2, CG #3, and CG #4. Expired on 3/5/2021.

  
Compliance Manager

6/16/2021  
Date

  
Primary Care Giver

6/15/2021  
Date