

# Foster Family Home - Deficiency Report

Provider ID: 1-120034

Home Name: Melody Chapman, CNA

Review ID: 1-120034-12

94-880 Lumiiki Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 5/24/2022

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:

Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/24/2022. (30 days from the date the CCFFH is given their deficiency report).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2 APS/CAN expired for C ■ was due on/before ■, none is present;

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.7 No proof of current 2022 positive/negative TB skin test/ screening for C ■. Last negative skin test expired ■

Compliance Manager

Primary Care Giver

Date

Date