**Foster Family Home - Deficiency Report**

<table>
<thead>
<tr>
<th>Provider ID:</th>
<th>1-563751</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Name:</td>
<td>Adela Salacup, CNA</td>
</tr>
<tr>
<td>Review ID:</td>
<td>1-563751-12</td>
</tr>
<tr>
<td>Reviewer:</td>
<td>Maribel Nakamine</td>
</tr>
<tr>
<td>Address:</td>
<td>94-1067 Kualua Street, Waipahu, HI 96797</td>
</tr>
<tr>
<td>Begin Date:</td>
<td>5/31/2022</td>
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### 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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/30/2022.

### 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)- C and C APS/CAN lapsed on ; both Ecirms lapsed on . No current APS/CAN/Ecim present in the CCFFH binder.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- C s TB clearance expired on and was done on .
41.(f)(1)- HH s TB clearance lapsed on and HHM s lapsed on . Both were without current TB clearances present.

3 Person Fire Safety, Natural Disaster (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- C without evidence of having conducted a monthly fire drill for the past 12 months.