

# Foster Family Home - Deficiency Report

Provider ID: 1-100055

Home Name: Carmelita Macalutas, CNA

Review ID: 1-100055-14

91-1055 Uouoa Street

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 10/31/2022

## 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 today. Deficiency Report issued during CCFFH inspection with a written plan of correction due 11/30/2022

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

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

Comment:

TB clearance for HHM#4 expired 11/16/2021. No current result present



Compliance Manager



Primary Care Giver

10/31/22

Date

10/31/22

Date