

# Foster Family Home - Deficiency Report

Provider ID: 1-120034

Home Name: Melody Chapman, CNA

Review ID: 1-120034-14

94-880 Lumiiki Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 4/20/2023

## 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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/20/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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). CG#2 TB clearance lapsed, was due on/before 4/15/2022 and was done on 6/6/2022.

41.(b)(8) CG#2 CPR/First Aid/Bloodborne Pathogen/Infection control training lapsed.  
CG#2 CPR and First Aid was due on/before 2/24/2023 and was completed on 3/19/2023.  
CG#2 Bloodborne Pathogen was due on or before 1/10/2023 and was completed on 4/3/2023.  
CG#1. Bloodborne Pathogen was due on or before 1/10/2023 and was completed on 2/27/2023.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No POA/Clients signature for Client #2 and Client#3.

Compliance Manager

Primary Care Giver

Date

Date