

Foster Family Home - Deficiency Report

Provider ID: 1-200004

Home Name: Apple Joy Caddali, CNA

Review ID: 1-200004-9

94-1104 Hiapo Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date: 10/16/2023

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:

6.d.1- Unannounced visit made for a 3-bed annual inspection

Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection (issued on 10/16/2023)

Foster Family Home	Background Checks	[11-800-8]
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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 fingerprints for HHM#1

Compliance Manager

Primary Care Giver

Date

Date