

Foster Family Home - Deficiency Report

Provider ID: 4-090035

Home Name: Milba Melchor, CNA

Review ID: 4-090035-15

932 Wailupe Drive

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 1/17/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 2/17/24.

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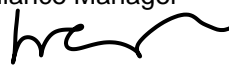
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

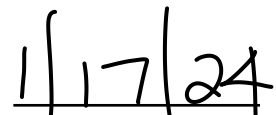
8.(a)(2) - CG#1 did not have evidence of a current APS/CAN. Results on file expired 10/13/23.

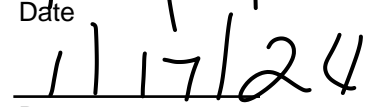


Compliance Manager



Primary Care Giver



Date


Date