

# Foster Family Home - Deficiency Report

Provider ID: 1-200004

Home Name: Apple Joy Caddali, CNA

Review ID: 1-200004-13

94-1104 Hiapo Street

Reviewer: Laurie Vosler

Waipahu

HI 96797

Begin Date: 10/20/2025

## 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 for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/20/2025.

## 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) Fingerprint was not present in the CCFFH file, for HHM# 3 (turned 18 years old), DOB 03/13/2007.

8.(a)(1) Sex Offender Registry Check was not present in the CCFFH file for HHM# 3.

8.(a)(1): Evidence of lapse present in CCFFH records of eCrim background check for CG# 1 & 2, Clearance was due by 10/03/2025 and not yet completed. HHM# 3 is not present in the CCFFH file.

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG# 1, Clearance was due by 10/11/2025 and has not yet been completed. CG# 2, Clearance was due by 09/26/2025 and has not yet been completed. HHM# 3 is not present in the CCFFH file.

## 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) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1 & 2. CG# 1 TB clearance lapsed, was due on/before 12/3/2024 and was done on 12/3/2020. CG# 2 TB clearance lapsed, was due on/before 10/06/2025 and was done on 10/6/2023.

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form F, G, or H for CG# 2.

41.(f)(1) No current TB clearance for HHM# 4, member does not qualify for TB exemption, lives downstairs near clients.

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Foster Family Home

Records


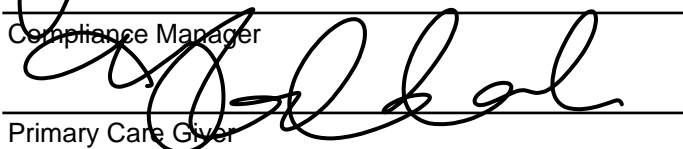
[11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(5) Medication schedule checklist;

Comment:

54.(c),54(c)(5) No MAR present for October 2025 for Client# 1 & 2. MAR was not documented daily, sheet not completed from Oct.01, 2025-current day.

  
LPN  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

10/20/2025  
\_\_\_\_\_  
Date  
10/20/2025  
\_\_\_\_\_  
Date