

# Foster Family Home - Deficiency Report

Provider ID: 1-250071

Home Name: Arnessa Joy Maltezo, NA

Review ID: 1-250071-1

91-1125 Kauiki Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/7/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/7/25.

## 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)(2) - No first year APS/CAN and fingerprints for HHM #3. No current Sex Offender checks for CG #2, CG #3, and HHM #3.

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

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

Comment:

41.(f)(1) - No current TB clearance for HHM #3.

  
Compliance Manager

  
Primary Care Giver

Date

Date

10/7/2025  
10/7/25