

Foster Family Home - Deficiency Report

Provider ID: 1-090002

Home Name: Melody Yasay, CNA

Review ID: 1-090002-19

1303 Wawe Place

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 3/12/2026

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 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/26/26.

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) - HHM #3 needs 1st year APS/CAN/Fingerprint/eCrim and Sex Offender. HHM #2 needs a current APS/CAN. Expired on 9/10/2025.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2) - No current Prometric verification check for CG #1.

41.(b)(7) - Tb clearance check not done on correct DOH form and not signed by a Doctor.

Foster Family Home Records [11-800-54]

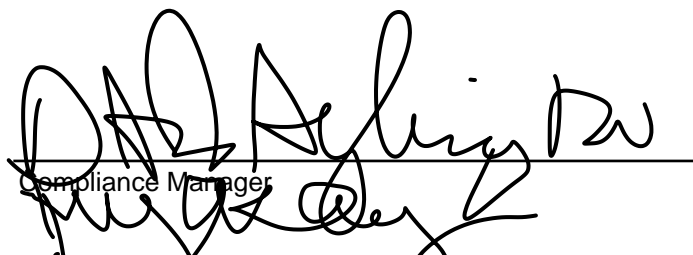
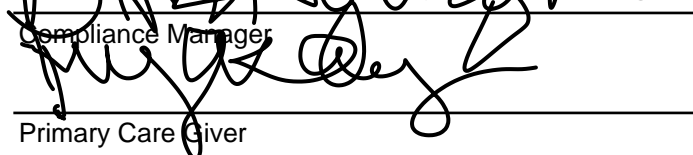
54.(c)(1) Client's vital information;

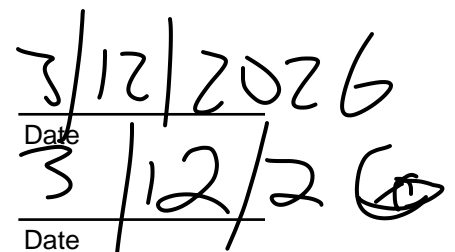
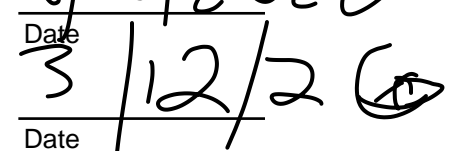
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(1) - No monthly RN assessment visit present in client #3's chart for January and February 2026.

54.(c)(2) - Client #3 Service Plan not signed by POC.


Compliance Manager

Primary Care Giver


Date

Date