

Foster Family Home - Deficiency Report

Provider ID: 1-100046

Home Name: Noralyn Malacas, NA

Review ID: 1-100046-9

94-150 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/20/2022

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 recertification inspection conducted.

Deficiency Report issued during inspection with a written plan of correction due to CTA on 2/20/2022.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e),(e)(1) Client #2's chart was not in CCFFH and client was home. Per CG#1, client's chart location in client's CMA office.

Maribel Nakamine, MSW 1/20/22

Compliance Manager

Date

Noralyn Malacas

Primary Care Giver

Date

1/20/22