

Foster Family Home - Deficiency Report

Provider ID: 1-180076

Home Name: Margie Malvar, NA

Review ID: 1-180076-9

94-334 Kahauhele Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/13/2022

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 CCFFH inspection with a written plan of correction due to CTA on 8/13/22.

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 APS/CAN/Fingerprint results present for HH [REDACTED]

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill completed for the months of August 2021, October 2021, November 2021, December 2021.

Maribel Nakamine, PC 7/13/22

Compliance Manager

Date

M. Anderson

Primary Care Giver

7/13/22

Date