

Foster Family Home - Deficiency Report

Provider ID: 1-100046

Home Name: Noralyn Malacas, NA

Review ID: 1-100046-11

94-150 Kupuna Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 1/12/2023


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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed recertification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



Compliance Manager


Primary Care Giver

Date 1/12/23

Date 1/12/23

Date