

# Foster Family Home - Deficiency Report

Provider ID: 1-220015

Home Name: Allan Malvar, NA

Review ID: 1-220015-8

91-1580 Wahane Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 11/21/2024

## 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 visit made for a 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.  
(Issued 11/21/24)

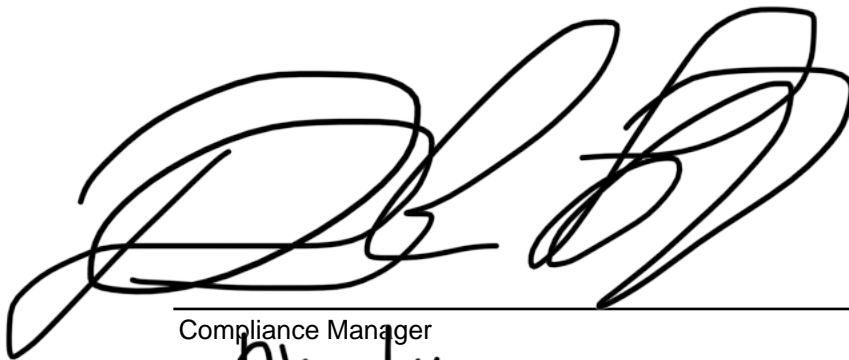
## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

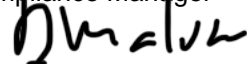
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

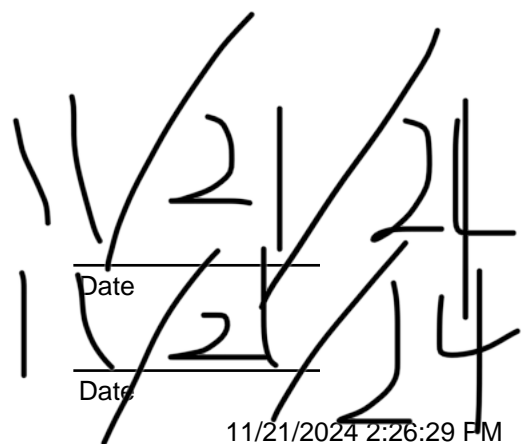
8.(a)(1)(2)-CG#2 APS/CAN lapsed 2/16/2024 and was done on 11/18/2024 CG#2 Ecrim lapsed 3/27/2024 and was done on 10/24/2024.



Compliance Manager



Primary Care Giver



Date

Date

CTA RN Compliance Manager: Deborah Baumgart LPN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: ALLAN MALVAR  
(PLEASE PRINT)

CCFFH Address: 91-1580 Wahane St. Kapolei Hawaii 96707  
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8.(a)(1) 8.(a)(2)	Cb#2 APS/CAN ECRIM was lapsed, and obtained before inspection.	10/24/24 11/18/24	Cb1 will ensure to always make a reminder alert at my cellphone calendar and i will use also the tools which the SC6 guidelines checklist to update and identify when requirements are done, or to prevent them from expiring.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 12/18/24

CTA has reviewed all corrected items