

Foster Family Home - Deficiency Report

Provider ID: 1-250051

Home Name: Nangie Malalis, CNA

Review ID: 1-250051-1

86-190 Moelua Street

Reviewer: David Ayling

Waianae

HI

96792

Begin Date: 8/13/2025

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 new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/13/25.

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 current APS/CAN/Fingerprints and eCrim for HHM #1.
No current Sex Offender checks for all CG's and HHM's.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - No confidentiality policies and procedures and client privacy rights training signed by SCG #2 and HHM's #1, #2, and #3.

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



41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

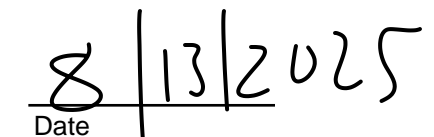
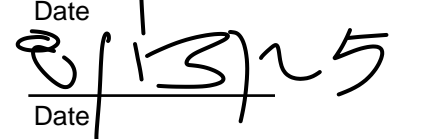
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(5) - HHM #1 need to increase auto coverage amounts to the minimum amount required by the DOH.

41.(f)(1) - No current TB clearance for HHM #1 and HHM #2.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: _____

David Ayling

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

PCG's Name on CCFFH Certificate: _____

Nangie H Malalis

(PLEASE PRINT)

CCFFH Address: Ala Moana Blvd., Suites 7-400 Honolulu, Hawaii 96813

(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)	Fingerprint and eCrim background checks for HHM #1 were completed, and the documentation has been filed and placed in the binder for records. Sex offender registry checks were completed for all CGs and HHM's. All results were clear, and copies of the completed checks that have been filed and placed in the binder for records.	08/18/25 08/13/25	A checklist and tracking log are now in place to ensure all HHM and CG's fingerprint and eCrim and sex offender checks are completed promptly and filed in the binder, with monthly reviews to keep them up to date.
16.(b)(5)	SCG #2 and HHM #1,#2, and #3 has been oriented with confidentiality and privacy training. Records have been updated.	08/15/25	CCFFH will ensure that HHM's and SCG's will receive confidentiality and privacy training and all documentation will be filed properly in the binder.
41.(b)(5)	Copy of automobile insurance policy and copy of alternative driver's license place on CCFFH binder.	08/28/25	PCG will use a checklist and tracking log reminder two months before the expiration date. Mark the calendar and also to check two months before due dates.
41.(f)(1)	HHM #1 and HHM #2 TB clearance Obtained and filed in the binder.	08/14/25	PCG will use a checklist and tracking log to keep everyone on task and ensure nothing is missed.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 08/29/2025

☒ CTA has reviewed all corrected items