

# Foster Family Home - Deficiency Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-19

94-1062 Kahuamoku Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/10/2025

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

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/10/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue for CG#2 and CG#4.  
CG#2 APS/CAN was due on or before 8/17/2025 and receipt was furnished but no result provided.  
CG#4 APS/CAN was due on or before 8/17/2025 and receipt was furnished but no result provided.

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 8/3/2025 and was completed on 8/19/2025.

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



41.(a)(2) Be a NA, an LPN, or RN;

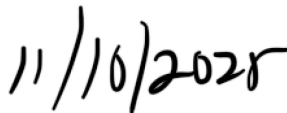
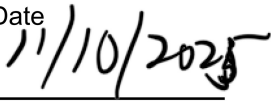
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1 and #3.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#4. CG#4 requires 12 hours of in-service training, but had only 8 hours attended in 2024.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Po Lim

*Attn: Laurie U.*

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

PCG's Name on CCFFH Certificate: Lemelyn Maluyo-Mabuti

(PLEASE PRINT)

CCFFH Address: 94-1062 Kahuamoku Street, Waipahu HI 96797

(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)(2)	CG #2, CG #4 APS/CAN. Lapsed cannot be corrected.	11/18/25	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2-3 weeks before due date to prevent further lapses.
8.(c)	SCG #2 eCrim. Lapsed cannot be corrected.	11/18 /25	
41.(a)(2)	CG #1, CG #3 Prometric Registry was obtained and filed in the binder.	11/25/25	Home has special calendar reminder to track all requirements before due date.
41.(c)	CG #4 Lapsed cannot be corrected.	11/18/25	Home will make sure to get completed requirements for all the CGs and filed in the binder.  Home will make sure to get completed requirements for all the CGs and filed in the binder.

All items that were corrected are attached to this POC

PCG's Signature: *Lemelyn Maluyo-Mabuti*

Date: 11/28/25

CTA has reviewed all corrected items