

Foster Family Home - Deficiency Report

Provider ID: 1-140028

Home Name: Maricor Malvar, CNA

Review ID: 1-140028-24

94-1084 Eleu Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/13/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 1/13/2026).

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 initial set of background checks (APS/CAN/fingerprint/sex offender search) present in CCFFH records for HHM#2.

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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality training completed for CG#2, CG#4, and HHM#2.

16.(c)(1): No evidence present in client records of signed written authorization of use or disclosure of client information for client #1.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#2 and CG#4.

Primary caregiver disclosure present in CCFFH records not updated to reflect current household composition. 1 HHM moved out and a HHM minor turned 18.

41.(b)(8): CPR/first aid training present in CCFFH records expired 10/10/2025 for CG#1.

No evidence present in CCFFH records of bloodborne pathogen training completed for CG#4. No prior training present.

41.(f)(1): No current TB clearance for HHM#2 and 2 HHM minor. CG#1 stated that they share common living and dining area with clients. CTA observed 1 minor HHM interacting with a client in a client's bedroom.

41.(g): No evidence present in client records of basic caregiver skills were checked for CG#4.

Foster Family Home	Client Care and Services	[11-800-43]
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- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegation suppository and skin preparation medication administration for client #1 and suppository and topical medication administration for client #3 for all caregivers.

No evidence present in client records of RN delegations given for client #1, #2, and #3 for CG#4.

No evidence present in client records of RN delegations given for client #1 for CG#2.

Foster Family Home	Grievance	[11-800-45]
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- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(c)(1)(2)(3): No evidence present in CCFFH records of CCFFH's grievance policy was given to client/POA and obtained signed acknowledgement for client #1.

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47(d)(1): No evidence present in client records of physician order of use of bed side rails for client #2.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Envi: No documentation present of written agreement of living in shared room for client #2.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Personal belongings that do not belong to client #1 were found in client #1's bedroom. All belongings present in client bedrooms must belong to the client.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No signature present by client/representative present on service plan dated 9/2/2025 for client #3.

54.(c)(5)(6): No daily documentation of medication and ADL/skilled nursing checklist for client #1, #2, and #3 from 1/5/2026 to 1/13/2026.

No documentation presents in client records of medication administration from 10/25/2025 to 10/31/2025 for client #1.

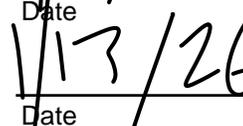
54.(c)(8): No documentation present in client records of inventory of personal belongings for client #3.



Compliance Manager


Primary Care Giver



Date


Date