

Foster Family Home - Deficiency Report

Provider ID: 1-100046

Home Name: Noralyn Malacas, NA

Review ID: 1-100046-17

94-150 Kupuna Loop

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/18/2026

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 inspection made for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 2/18/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and CG#4. CG#3 TB clearance expired, was due on/before 8/28/2025 and was in the file. CG#4 TB clearance expired, was due on/before 3/13/2025 and was in the file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#4. It was due on/before 11/27/2025.


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;

Comment:

54(c)(2) No current service plan present for Client#2. Last one in record is dated 4/3/2025.


Compliance Manager


Primary Care Giver


Date

Date