

Foster Family Home - Deficiency Report

Provider ID: 1-578065

Home Name: Mari Angelene Maluyo, CNA

Review ID: 1-578065-19

2215 Auhuhu Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 4/1/2026

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 for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/1/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#3.

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

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).

Comment:

41.b.4. Disclosure form was not up to date for CG#1.

Foster Family Home Records [11-800-54]

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;

Comment:

54(c)(5) Client#2 MARs Sheet were not present from 12/2025 to 2/26.
Client#3 MARs Sheet were not present from 11/2025 to 2/26.

54(c)(6) No ADL flow sheet present for Client#1 and #2 from 11/2025 through 3/2026.

Compliance Manager

Primary Care Giver

Date

Date