Foster Family Home - Deficiency Report

Provider ID:	**1-250084**		
Home Name:	**Cheerful Malanog, RN**	**Review ID:**	**1-250084-3**
25 Kalala Street		Reviewer:	Ryan Nakamura
Wahiawa HI 96786		Begin Date:	6/23/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 6/23/2026).

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

Comment:

41.(b)(4) No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#3.

41.(b)(7): TB clearance was due by 5/25/2026 for CG#4.

41.(b)(8): First aid/CPR training present in CCFFH records expired 2/10/2026 for CG#4.

41.(f)(1): No evidence present in CCFFH records of TB clearances for HHM minors.

Compliance Manager — Date 6/23/26

Primary Care Giver — Date 6/23/26