

# Foster Family Home - Deficiency Report

Provider ID: 1-200034

Home Name: Monaliza Patacsil, CNA

Review ID: 1-200034-8

91-1728 Ala Loa Street

Reviewer: Po Lim

Ewa Beach

HI

96706

Begin Date: 4/18/2023

## 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/18/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home

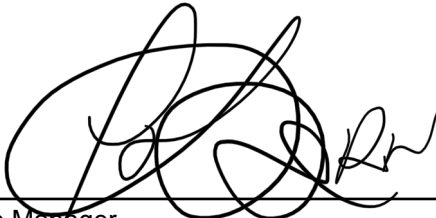
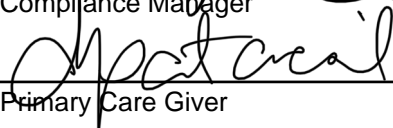
## Fire Safety

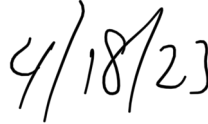
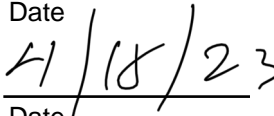
[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2, #3, and #4 did not have evidence of conducting a monthly fire drill within the past 12 months.

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

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