

Foster Family Home - Deficiency Report

Provider ID: 1-100049

Home Name: Mario Patricio, CNA

Review ID: 1-100049-18

99-634 Hulumanu Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 1/20/2026

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 01/20/2026)

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2)-No CNA registry checks for CG#1, CG#2 and CG#4.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire-Last fire drill present in record was documented on 02/1/2025. No fire drill documentation present for March 2025 through December 2025.

(3P)(b)(6)- CG# 1 & 2 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)-General liability insurance expired 12/31/2025 with no current results in binder.



Compliance Manager



Primary Care Giver

1/20/26
Date
1/20/26
Date