

# Foster Family Home - Deficiency Report

Provider ID: 1-200034

Home Name: Monaliza Patacsil, CNA

Review ID: 1-200034-14

91-1728 Ala Loa Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 4/1/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced inspection made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 4/1/26).

6.d.1- Client #1's 1147 document dated 4/19/25-4/19/26 was not signed by the client's MD/PCP. Client #3's 1147 document expired on 3/31/26 and no current 1147 was present.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#1's APS/CAN expired on 3/22/26 and Ecrim expired on 3/20/26 and no current results were present.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(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), (6) Fire- CCFFH's last monthly fire drill conducted was on 4/5/25. None for the months of May 2025 thru March 2026. CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

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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;

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)(2)- Client #1's Service Plan/HAP expired on 12/21/25; Service Plan/HAP dated 6/21/25 without the client/POA's signature. Client #3's Service Plan/HAP dated 2/20/26 without the Client/POA's signature and Service Plan/HAP for 9/2025 was not present in client's chart.

54.(c)(5)- Client #2's olanzapine medication's label did not match the client's Medication Administration Record (MAR) and the MD's order.

54.(c)(6)- No monthly RN Visit Summary present for the months of November 2025 and February 2026 in Client #1's chart/records.

*Mabel Makamuro RN* <sup>4/1/26</sup>

Compliance Manager

Date

*M. Farid*

Primary Care Giver

Date

*4/1/26*