

# Foster Family Home - Deficiency Report

Provider ID: 1-210034

Home Name: Regie Corpuz, NA

Review ID: 1-210034-11

94-1108 Pulelo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/30/2026

## 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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 3/30/2026).

6.(d)(1): 1147 assessment present in client records expired 10/29/2025 for client #1 and 7/15/2025 for client #2.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): Evidence of lapse of TB clearance present in CCFFH records for CG#4. TB clearance was due by 2/08/2026 and completed 3/17/2026.

## 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)(6): No daily documentation present in client records of medication administration and ADL/skilled nursing checklist from 3/20/2026 to 3/30/2026 for client #1 and #2.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/30/26  
Date

3/30/26  
Date