

Foster Family Home - Deficiency Report

Provider ID: 1-150019

Home Name: Naneth Pancipanci, CNA

Review ID: 1-150019-8

91-1062 Auhola Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/15/2021

Foster Family Home


Required Certificate

[11-800-6]


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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager



Primary Care Giver

10/15/21

Date

10/15/21

Date