

Foster Family Home - Deficiency Report

Provider ID: 1-150019

Home Name: Naneth Pancipanci, CNA

Review ID: 1-150019-12

91-1062 Auhola Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 10/24/2023

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 3-bed annual inspection

Deficiency report issued during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection (issued on 10/24/2023)

**3 Person Fire Safety,
Natural Disaster**


3 Person Fire Safety

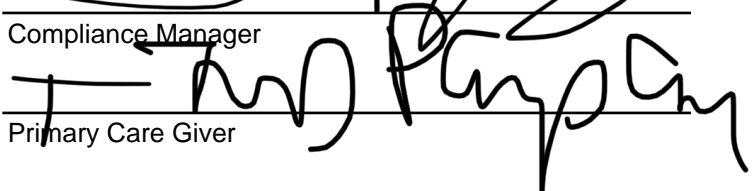
(3P) Fire

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

Comment:

(3P)(b)(1) Fire-CCFFH without evidence that monthly fire drill were conducted. Last fire drill was 10/10/20



Compliance Manager


Primary Care Giver

10/24/23

Date
10/24/23

Date
10/24/2023 2:10:34 PM