

Foster Family Home - Deficiency Report

Provider ID: 1-560228

Home Name: Mary Pantoca, CNA

Review ID: 1-560228-14

91-111 Haiea Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 3/20/2024

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 2-bed annual inspection.


Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued (3/20/2024))

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

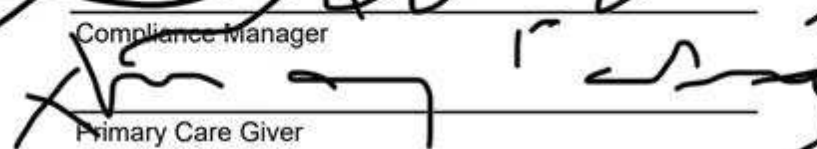
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

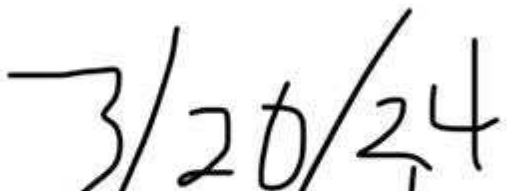
CG#1 TB clearance lapsed on 01/19/2024 and was not done until 02/22/2024.



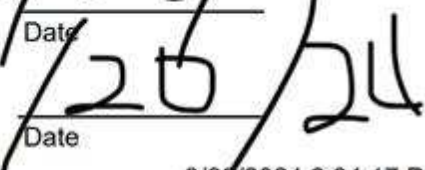
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Deborah Baumgart

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Mary Julie Pantoca
(PLEASE PRINT)

CCFFH Address: 91-111 Haiea PI Ewa Beach 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(7)	Lapse cannot be corrected	3/20/2024	CG#1 will use a wall calendar to mark the expiration dates

All items that were corrected are attached to this POC

PCG's Signature: Mary Julie Pantoca

Date: 03/25/2024

CTA has reviewed all corrected items