

Foster Family Home - Deficiency Report

Provider ID: 1-560228

Home Name: Mary Pantoca, CNA

Review ID: 1-560228-18

91-111 Haiea Place

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 2/3/2026

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/3/2026).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No substitute caregiver disclosure form present in CCFFH records for CG#3.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of fire drill conducted for month of 1/2026.

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;

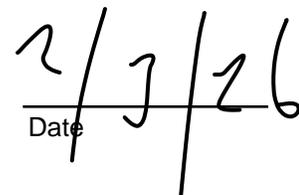
Comment:

54.(c)(2): Last service plan present in CCFFH records dated 6/12/2025 and due by 12/2025 for client #2.

54.(c)(5)(6): No daily documentation of medication and ADL/skilled nursing checklist for client #1 from 1/26/2026 to 2/3/2026 and client #2 from 1/11/2026 to 2/03/2026.



Compliance Manager



Date

Primary Care Giver

Date