

Foster Family Home - Deficiency Report

Provider ID: 1-150019

Home Name: Naneth Pancipanci, CNA

Review ID: 1-150019-16

91-1062 Auhola Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 10/15/2025

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

David Ayling RW 10/15/2025
Compliance Manager Date
Naneth Pancipanci
Primary Care Giver Date 10-15-2025