

# Foster Family Home - Deficiency Report

Provider ID: 1-130044

Home Name: Shiela Marie Calantoc, CNA

Review ID: 1-130044-28

1311 Olino Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 3/27/2026

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.


Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 03/27/2026)


## Foster Family Home Records [11-800-54]

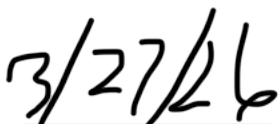
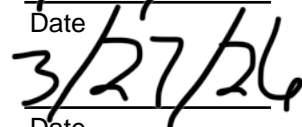
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)-Medication Administration Report for March 2026 not in Client#1 binder. PCG unable to locate.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date