

Foster Family Home - Deficiency Report

Provider ID: 1-511916

Home Name: Cecilia Naboia, CNA

Review ID: 1-511916-9

98-340 Pono Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/10/2021

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 annual inspection conducted.

CCFFH is in compliance with all requirements. No deficiencies found.

Maribel Nakamine, RN *9/10/2021*

Compliance Manager Date
Cecilia Naboia *9/10/2021*

Primary Care Giver Date