

Foster Family Home - Deficiency Report

Provider ID: 1-559065

Home Name: Antonia Delos Santos, CNA

Review ID: 1-559065-10

94-843 Awanei Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/8/2021

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 recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.



Compliance Manager Date 11/8/2021



Primary Care Giver Date 11/8/2021