

Foster Family Home - Deficiency Report

Provider ID: 1-594037

Home Name: Claribel Cabantog, CNA

Review ID: 1-594037-9

94-058 Awamoku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/5/2021

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

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

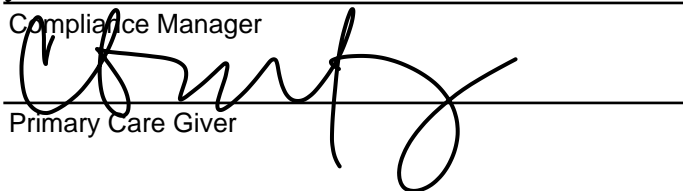
Comment:

6.d.1- Unannounced recertification inspection conducted.

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



Compliance Manager



Primary Care Giver



Date



Date