

# Foster Family Home - Deficiency Report

Provider ID: 1-627424

Home Name: Alicia Abendanio, CNA

Review ID: 1-627424-12

94-606 Palai Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/14/2021

Foster Family Home



Required Certificate

[11-800-6]

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

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/14/2021  
Date  
12/14/2021  
Date