

# Foster Family Home - Deficiency Report

Provider ID: 1-090084

Home Name: Antonia Josue, CNA

Review ID: 1-090084-10

94-835 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/14/2022

**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.

*Maribel Nakamine, M*

Compliance Manager

*[Signature]*  
Primary Care Giver

*3/14/22*

Date

*3/14/22*

Date