

Foster Family Home - Deficiency Report

Provider ID: 1-511198

Home Name: Juanita Naone, CNA

Review ID: 1-511198-10

2020 Puna Street

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 1/26/2022

Foster Family Home

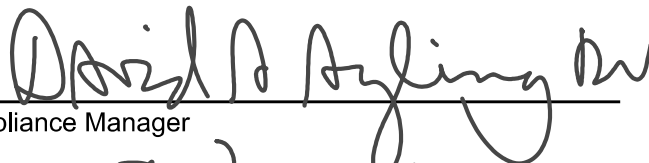
Required Certificate

[11-800-6]

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

Comment:

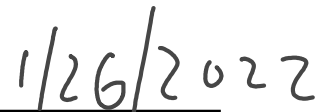
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager

Compliance Manager


Primary Care Giver

Primary Care Giver


Date

Date


Date

Date