

# Foster Family Home - Deficiency Report

Provider ID: 1-583486

Home Name: Annabelle Banez, CNA

Review ID: 1-583486-10

98-183 Pahemo Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 5/27/2022

**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      5/27/22  
Compliance Manager      Date  
[Signature]      5/27/22  
Primary Care Giver      Date