

Foster Family Home - Deficiency Report

Provider ID: 1-511916

Home Name: Cecilia Naboia, CNA

Review ID: 1-511916-11

98-340 Pono Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/21/2022

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 2-bed certification.

Maribel Nakamine, RN *9/21/22*

Compliance Manager Date
[Signature] *9/21/22*

Primary Care Giver Date