

# Foster Family Home - Deficiency Report

Provider ID: 1-559065

Home Name: Antonia Delos Santos, CNA

Review ID: 1-559065-12

94-843 Awanei Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/31/2022

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

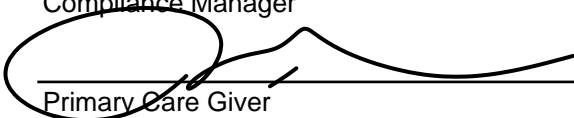
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

*Maribel Nakamine, Rev* <sup>10</sup>/<sub>31</sub>

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

\_\_\_\_\_  
Date  
*10/31/22*  
\_\_\_\_\_  
Date