

Foster Family Home - Deficiency Report

Provider ID: 1-090084

Home Name: Antonia Josue, CNA

Review ID: 1-090084-12

94-835 Kaaholo Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 3/21/2023

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 visit made for a 3-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

3/21/23

Date

3/21/23

Date