

# Foster Family Home - Deficiency Report

**Provider ID:** 1-594037

**Home Name:** Claribel Cabantog, CNA      **Review ID:** 1-594037-11  
94-058 Awamoku Street      Reviewer: Maribel Nakamine  
Waipahu HI 96797      Begin Date: 10/27/2022

**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, RC*      *10/27/22*  
\_\_\_\_\_  
Compliance Manager      Date  
*[Signature]*      *10/27/22*  
\_\_\_\_\_  
Primary Care Giver      Date