

Foster Family Home - Deficiency Report

Provider ID: 1-583486

Home Name: Annabelle Banez, CNA

Review ID: 1-583486-12

98-183 Pahemo Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 4/18/2023

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

4/18/23

Date
4/18/23

Date