

Foster Family Home - Deficiency Report

Provider ID: 1-120040

Home Name: Archie James Antonio, CNA

Review ID: 1-120040-17

94-1086 Puloku Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/20/2023

Foster Family Home

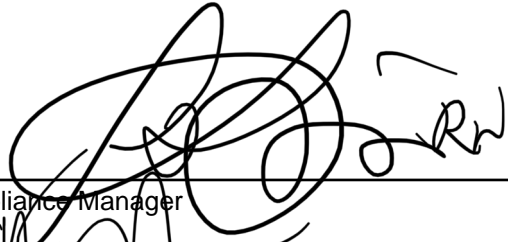
Required Certificate

[11-800-6]


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

Comment:

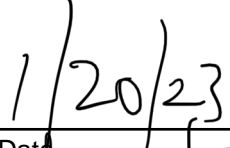
6(d)(1) Unannounced annual inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



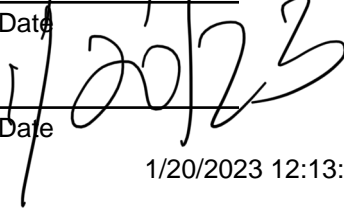
Compliance Manager



Primary Care Giver



Date



Date