

Foster Family Home - Deficiency Report

Provider ID: 1-511198

Home Name: Juanita Naone, CNA

Review ID: 1-511198-12

2020 Puna Street

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 1/25/2023

Foster Family Home

Required Certificate

[11-800-6]

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

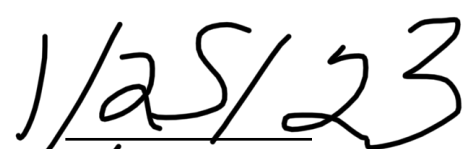
Comment:


6.d.1- Unannounced visit made for a 2-bed annual inspection. CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date