

# Foster Family Home - Deficiency Report

Provider ID: 1-511916

Home Name: Cecilia Naboia, CNA

Review ID: 1-511916-13

98-340 Pono Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 8/17/2023

**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

8/17/23  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

8/17/23  
\_\_\_\_\_  
Date