

Foster Family Home - Deficiency Report

Provider ID: 1-512013

Home Name: Noemi Antonio, CNA

Review ID: 1-512013-14

1504 Haloa Drive

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 7/25/2023

Foster Family Home

Required Certificate

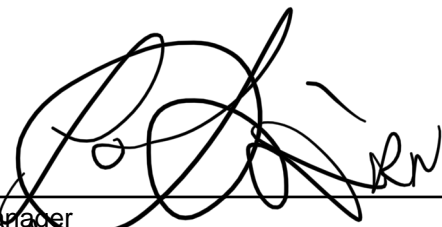
[11-800-6]

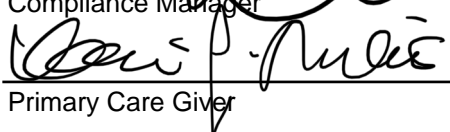
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

7/25/23

Date
7/25/23

Date