

# Foster Family Home - Deficiency Report

Provider ID: 1-559065

Home Name: Antonia Delos Santos, CNA

Review ID: 1-559065-14

94-843 Awanei Street

Reviewer: Ryan Nakamua

Waipahu HI 96797


Begin Date: 10/19/2023

**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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

10/15/23  
\_\_\_\_\_  
Date  
10/15/23  
\_\_\_\_\_  
Date