

Foster Family Home - Deficiency Report

Provider ID: 1-583486

Home Name: Annabelle Banez, CNA

Review ID: 1-583486-14

98-183 Pahemo Street

Reviewer: Ryan Nakamua

Aiea HI 96701

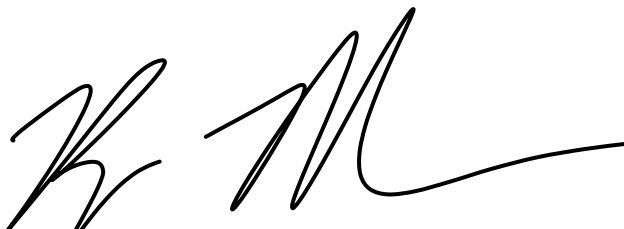
Begin Date: 3/15/2024

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



Date


Date