

# Foster Family Home - Deficiency Report

Provider ID: 1-512013

Home Name: Noemi Antonio, CNA

Review ID: 1-512013-16

1504 Haloa Drive

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 7/23/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

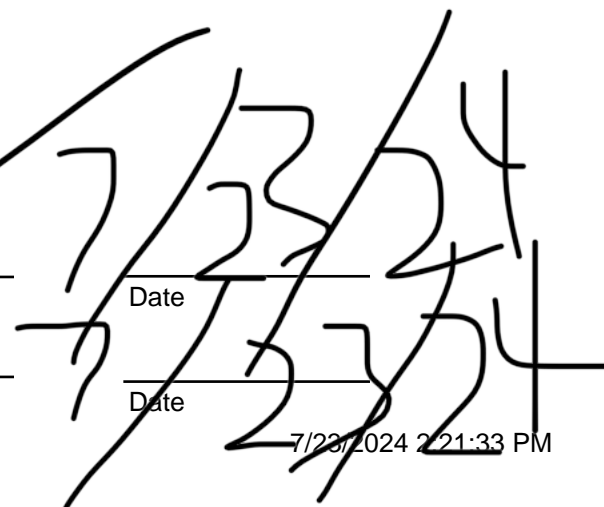
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Date



Primary Care Giver

Date

7/23/2024 2:21:33 PM