

# Foster Family Home - Deficiency Report

Provider ID: 1-559065

Home Name: Antonia Delos Santos, CNA

Review ID: 1-559065-16

94-843 Awanei Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/24/2024

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



Primary Care Giver

9/24/2024  
Date  
9/24/24  
Date