

Foster Family Home - Deficiency Report

Provider ID: 1-594037

Home Name: Claribel Cabantog, CNA

Review ID: 1-594037-15

94-058 Awamoku 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.

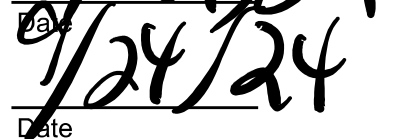
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date