

Foster Family Home - Deficiency Report

Provider ID: 1-511198

Home Name: Juanita Naone, CNA

Review ID: 1-511198-16

2020 Puna Street

Reviewer: Ryan Nakamura

Honolulu

HI 96817

Begin Date: 1/7/2025

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 2 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