

# Foster Family Home - Deficiency Report

Provider ID: 1-512013

Home Name: Noemi Antonio, CNA

Review ID: 1-512013-18

1504 Haloa Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 8/19/2025

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RN*

Compliance Manager

*Lois A. Davis*

Primary Care Giver

*8/19/25*

Date

*8/19/25*

Date