

Foster Family Home - Deficiency Report

Provider ID: 1-594037

Home Name: Claribel Cabantog, CNA

Review ID: 1-594037-17

94-058 Awamoku Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/27/2025


Foster Family Home **Required Certificate** **[11-800-6]**

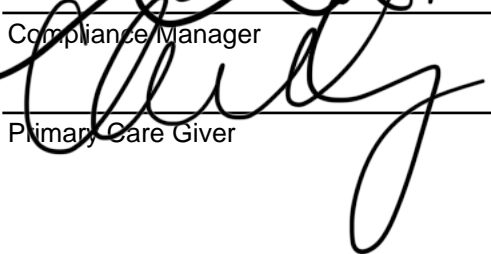
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

10/27/2025

Date
10/27/25

Date