

# Foster Family Home - Deficiency Report

Provider ID: 1-570053

Home Name: Isabel Infante, CNA

Review ID: 1-570053-20

94-070 Poailani Circle

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 12/18/2025

Foster Family Home

Required Certificate

[11-800-6]

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

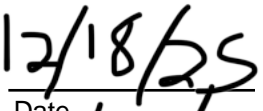
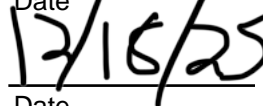
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date