

Foster Family Home - Deficiency Report

Provider ID: 1-110026

Home Name: Osmenia Aquino, CNA

Review ID: 1-110026-17

94-1111 Awaiki Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/17/2025

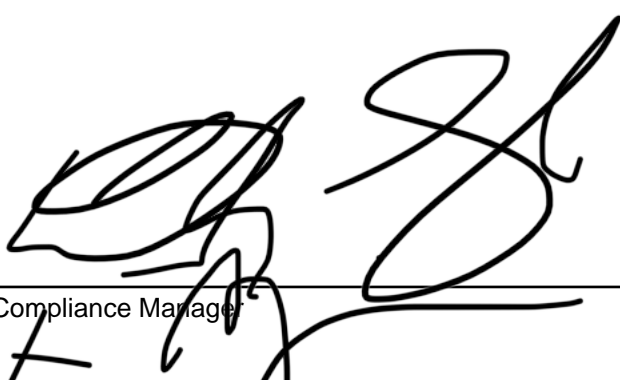
Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

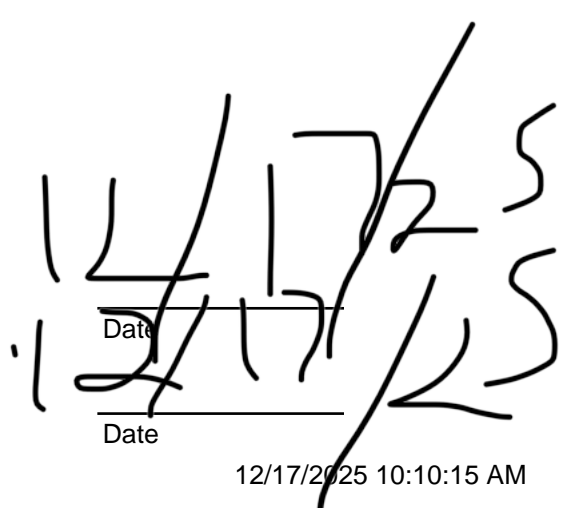
6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date

Date