

Foster Family Home - Deficiency Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

Review ID: 1-160073-8

94-904 Kuakahi Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/30/2021

Foster Family Home

Required Certificate

[11-800-6]

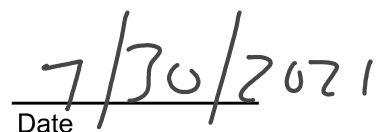
6.(d)(1) Comply with all applicable requirements in this chapter; and

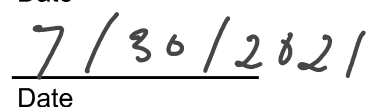
Comment:

6.(d)(1) - Home inspection for a 3 person CCFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date