

Foster Family Home - Deficiency Report

Provider ID: 1-617558

Home Name: Zenaida Tierra, CNA

Review ID: 1-617558-9

1051 B Kopke Street

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 10/1/2021

Foster Family Home

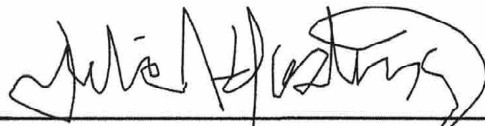
Required Certificate

[11-800-6]

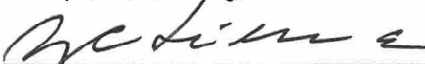
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

10/01/2021

Date

10/04/2021

Date