

Foster Family Home - Deficiency Report

Provider ID: 1-626046

Home Name: Florelin Baptista, RN

Review ID: 1-626046-5

94-1075 Palaiki Street

Reviewer: David Ayling

Waipahu HI 96797



Begin Date: 11/10/2021

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 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

 _____ Compliance Manager	 _____ Primary Care Giver	Date <u>11/10/21</u>
		Date <u>11/10/21</u>