

# Foster Family Home - Deficiency Report

Provider ID: 1-511148

Home Name: Florencio Sandi, CNA

Review ID: 1-511148-10

2240 Wilson 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 annual home inspection made for a 2 bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

10/01/2021

Date



Primary Care Giver

10/04/2021

Date