

Foster Family Home - Deficiency Report

Provider ID: 1-512344

Home Name: Estrelita Caramancion, CNA

Review ID: 1-512344-10

94-727 Kuhaulua Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 2/23/2022

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 CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

Compliance Manager

Primary Care Giver

Date

Date