

# Foster Family Home - Deficiency Report

Provider ID: 1-563793

Home Name: Estrella Casiano, CNA

Review ID: 1-563793-10

4313 Halupa Street

Reviewer: Adrienne Kolo

Honolulu

HI 96818

Begin Date: 2/25/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

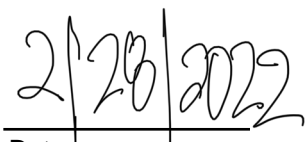
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver



Date



Date