

Foster Family Home - Deficiency Report

Provider ID: 1-150002

Home Name: Beatriz F. Borres, CNA

Review ID: 1-150002-12

976 Hanau Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/30/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RC 3/30/22

Compliance Manager

Date

BCG

Date

Primary Care Giver

3/30/22