

# Foster Family Home - Deficiency Report

Provider ID: 1-170035

Home Name: Christy Soriano, NA

Review ID: 1-170035-8

94-296 Kahualena Street

Reviewer: Po Lim

Waipahu HI 96797

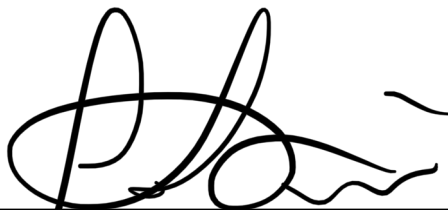
Begin Date: 5/11/2022

**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 recertification or annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

5/11/2022

Date

5/11/22

Date

5/11/2022 11:56:27 AM