

Foster Family Home - Deficiency Report

Provider ID: 1-510190

Home Name: Mildred Uytiepo, CNA

Review ID: 1-510190-14

1637 Ahihi Street

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 6/30/2022

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 recertification [REDACTED] 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

6/30/22

Date

6/30/22

Date