

Foster Family Home - Deficiency Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

Review ID: 1-160073-10

94-904 Kuakahi Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 8/2/2022

Foster Family Home

Required Certificate


[11-800-6]

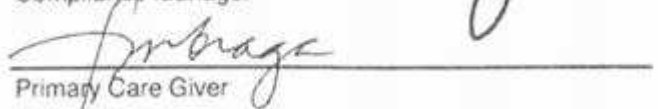
6.(d)(1) Comply with all applicable requirements in this chapter; and

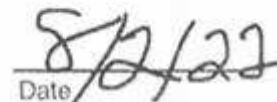
Comment:

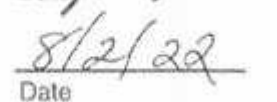
6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.


Compliance Manager


Primary Care Giver


Date


Date