

Foster Family Home - Deficiency Report

Provider ID: 1-630279

Home Name: David Yamane, CNA

Review ID: 1-630279-12

1103 Kahauiki Place

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 10/4/2022

Foster Family Home

Required Certificate


[11-800-6]

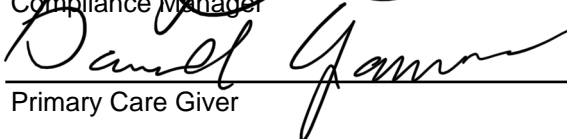
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

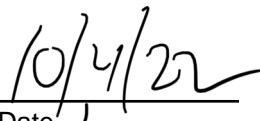
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

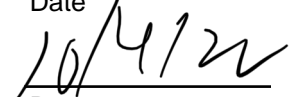
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Compliance Manager


Primary Care Giver



Date


Date