

Foster Family Home - Deficiency Report

Provider ID: 1-573700

Home Name: Elvira Fernandez, RN

Review ID: 1-573700-11

2385 Haumana Place

Reviewer: Po Lim

Honolulu HI 96819

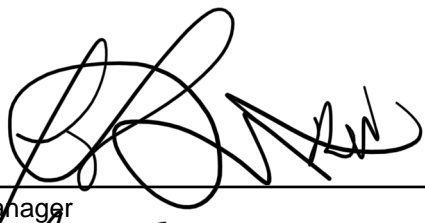
Begin Date: 10/4/2022

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

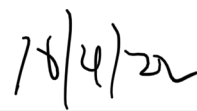
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



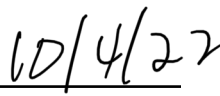
Compliance Manager



Primary Care Giver



Date



Date