

# Foster Family Home - Deficiency Report

Provider ID: 1-200037

Home Name: Heidie Liza Doumitt, CNA

Review ID: 1-200037-5

94-218 Pupukahi Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 7/13/2022

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

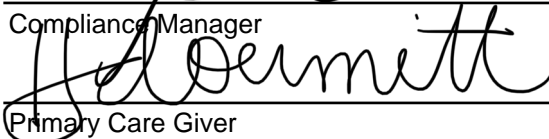
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

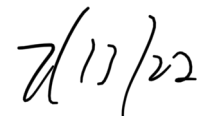
6(d)(1) Unannounced recertification inspection made for a 1-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



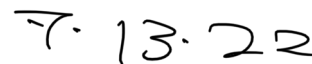
Compliance Manager



Primary Care Giver



Date



Date