

Foster Family Home - Deficiency Report

Provider ID: 1-200069

Home Name: Julie Ann Quiambao, RN

Review ID: 1-200069-5

92-611 Aoloko Street

Reviewer: Po Lim

Kapolei HI 96707


Begin Date: 9/8/2022

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

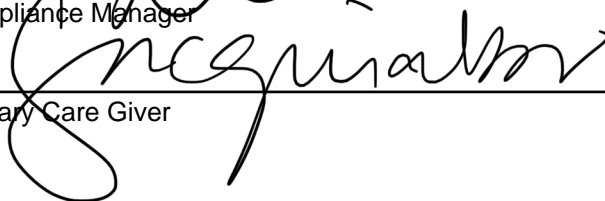
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

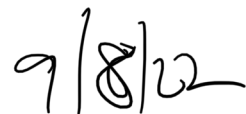
6(d)(1) Unannounced recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



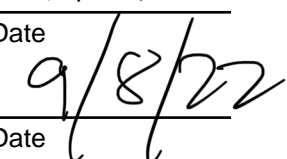
Compliance Manager



Primary Care Giver



Date



Date