

# Foster Family Home - Deficiency Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-9

1714 Ema Place

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 8/23/2022

Foster Family Home

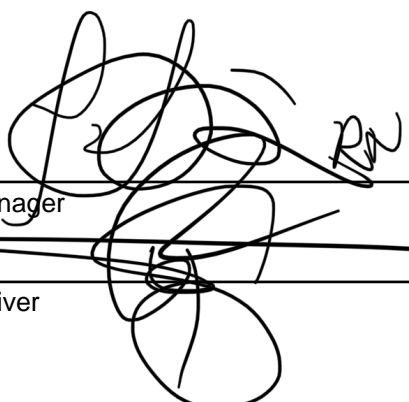
Required Certificate

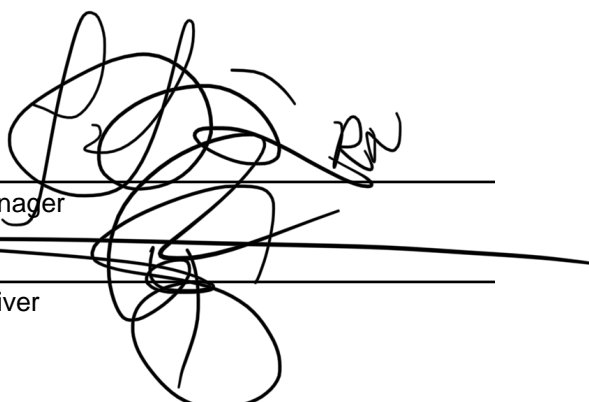
[11-800-6]

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