

Foster Family Home - Deficiency Report

Provider ID: 1-617558

Home Name: Zenaida Tierra, CNA

Review ID: 1-617558-11

1051 B Kopke Street

Reviewer: Deborah Baumgart

Honolulu

HI

96819

Begin Date: 10/4/2022

Foster Family Home

Required Certificate


[11-800-6]

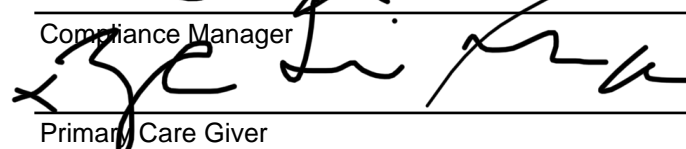
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



Compliance Manager


Primary Care Giver

10/4/22

Date
10/4/22

Date
10/4/2022 12:36:23 PM