

Foster Family Home - Deficiency Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-13

94-556 Hiaku Place

Reviewer: Po Lim

Waipahu HI 96797


Begin Date: 9/16/2022

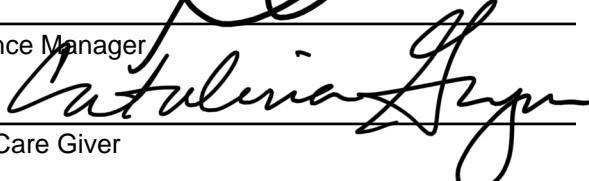
Foster Family Home **Required Certificate** **[11-800-6]**

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

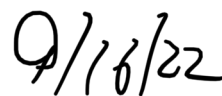
Comment:

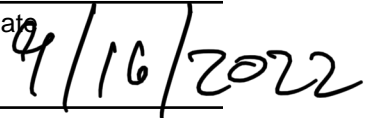
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date