

Foster Family Home - Deficiency Report

Provider ID: 1-590358

Home Name: Andrea Paeste, RN

Review ID: 1-590358-12

91-212 Haawina Place

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 11/29/2022

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

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

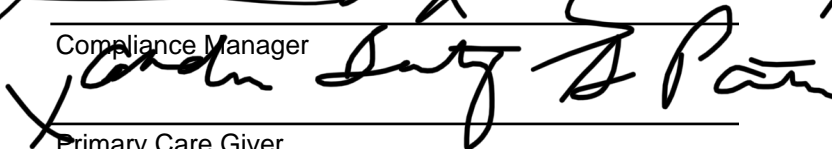
Comment:

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

CCFFH is in compliance with all requirements.



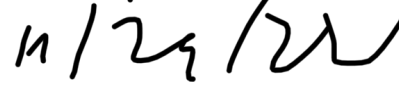
Compliance Manager



Primary Care Giver

11/29/22

Date



Date