

Foster Family Home - Deficiency Report

Provider ID: 1-170005

Home Name: Larry Saladino, RN

Review ID: 1-170005-11

91-925 Ololani Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 11/1/2022

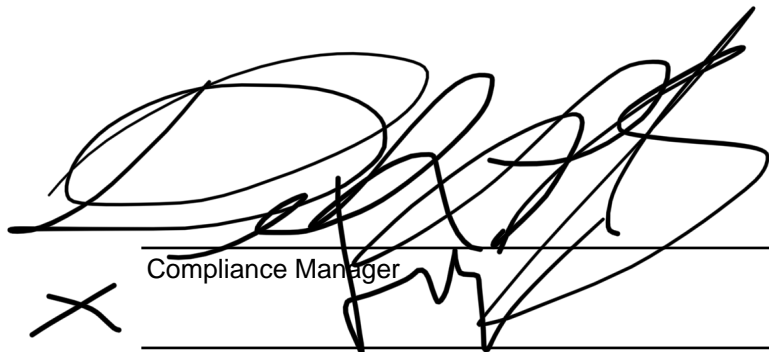
Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

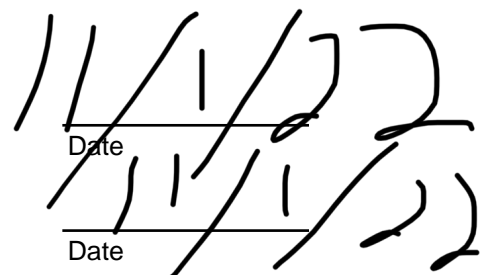
6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



Compliance Manager


Primary Care Giver



Date

Date