

Foster Family Home - Deficiency Report

Provider ID: 1-180067

Home Name: Camilo Decastro, CNA

Review ID: 1-180067-2

1620 Piikea Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 3/21/2023

Foster Family Home

Required Certificate

[11-800-6]

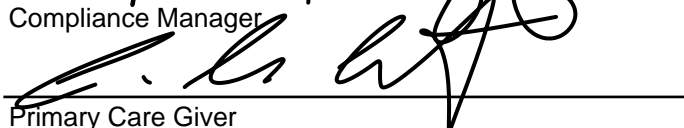
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager



Primary Care Giver

3/21/2023

Date

3/21/2023

Date