

Foster Family Home - Deficiency Report

Provider ID: 1-563230

Home Name: Consolacion Lapitan, LPN

Review ID: 1-563230-17

99-189 Puakala Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 12/5/2022

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