

Foster Family Home - Deficiency Report

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA

Review ID: 1-511289-13

91-1060 Hamana Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 11/18/2022

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.

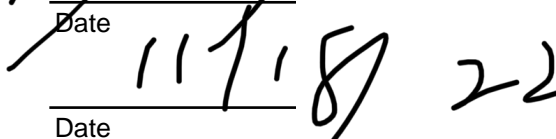
CCFFH is in compliance with all requirements.



Compliance Manager


Primary Care Giver



Date


Date