

Foster Family Home - Deficiency Report

Provider ID: 1-120031

Home Name: Estelita Batoon, CNA

Review ID: 1-120031-13

94-464 Kupuna Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/19/2022

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
Estelita V. Batoon

Primary Care Giver

10/19/22

Date

10/19/22

Date