

Foster Family Home - Deficiency Report

Provider ID: 1-626046

Home Name: Florelin Baptista, RN

Review ID: 1-626046-7

94-1075 Palaiki Street

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
x w a f n l b a p t i s t a

Primary Care Giver

10/19/22

Date
10/19/22

Date