

Foster Family Home - Deficiency Report

Provider ID: 1-570053

Home Name: Isabel Infante, CNA

Review ID: 1-570053-13

1537 Haloa Drive

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 12/15/2022

Foster Family Home

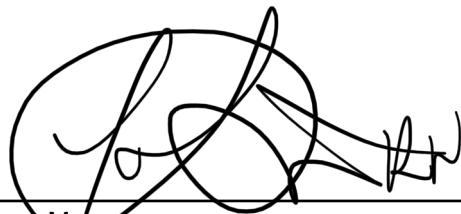
Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

Isabel Infante

Primary Care Giver

12/15/22

Date

12/15/22

Date