

Foster Family Home - Deficiency Report

Provider ID: 1-190032

Home Name: Minerva Ignacio, CNA

Review ID: 1-190032-9

2304 B Palena Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 3/21/2023

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 visit made for a 3 bed re-certification inspection.

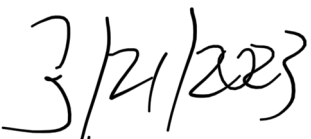
CCFFH met all requirements at the time of the inspection.



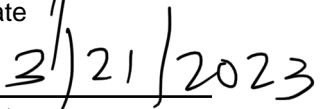
Compliance Manager



Primary Care Giver



Date



Date