

# Foster Family Home - Deficiency Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

Review ID: 1-140046-11

1765 Kalaepaa Drive

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 10/12/2022

Foster Family Home

Required Certificate

[11-800-6]

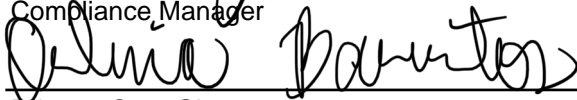
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

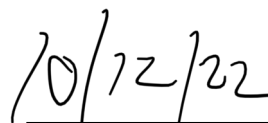
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



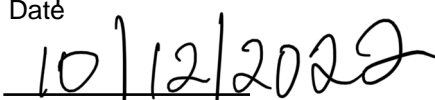
Compliance Manager



Primary Care Giver



Date



Date

10/12/2022 12:16:18 PM