

Foster Family Home - Deficiency Report

Provider ID: 1-510645

Home Name: Priscilla Brunn, RN

Review ID: 1-510645-12

99-243 Aiea Heights Drive

Reviewer: Po Lim

Aiea HI 96701


Begin Date: 12/14/2022

Foster Family Home	Required Certificate	[11-800-6]
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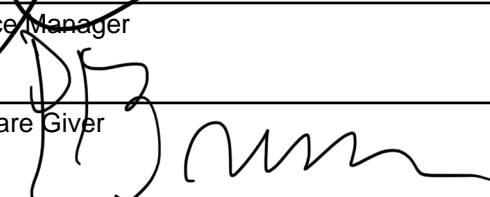
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

12/14/22

Date

12/14/22

Date