

Foster Family Home - Deficiency Report

Provider ID: 1-563115

Home Name: Victoria Morales, CNA

Review ID: 1-563115-12

1020 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date:

12/6/2022

Foster Family Home

Required Certificate



[11-800-6]


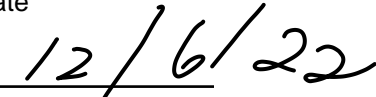
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.


Compliance Manager

Primary Care Giver


Date

Date