

Foster Family Home - Deficiency Report

Provider ID: 1-190059

Home Name: Anna Joyce Quiambao, CNA

Review ID: 1-190059-8

87-135 A Kaukamana Road

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 4/13/2023

Foster Family Home

Required Certificate

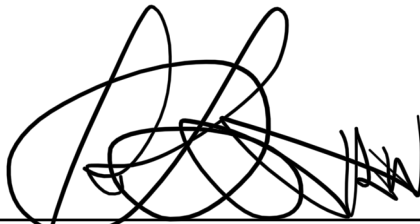
[11-800-6]

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

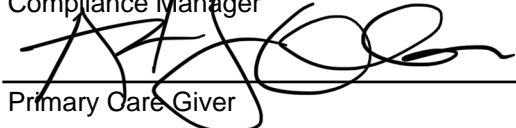
Comment:

6(d)(1) Unannounced visit made for a 3 bed annual inspection.

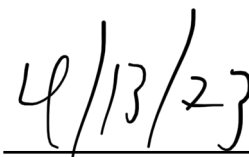
CCFFH met all requirements at the time of the inspection.



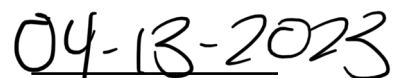
Compliance Manager



Primary Care Giver



Date



Date