

Foster Family Home - Deficiency Report

Provider ID: 1-510166

Home Name: Annabelle Riel, LPN

Review ID: 1-510166-12

94-125 Pahu Street #9

Reviewer: Po Lim

Waipahu HI 96797

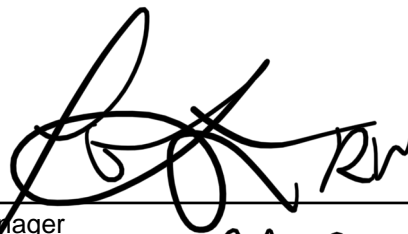
Begin Date: 1/26/2023


Foster Family Home **Required Certificate** **[11-800-6]**

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

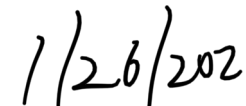
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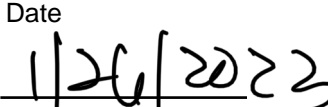
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection/visit.



Compliance Manager


Annabelle Riel
Primary Care Giver



Date


Date