

# Foster Family Home - Deficiency Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Review ID: 1-150027-12

94-339 Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/27/2023


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


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

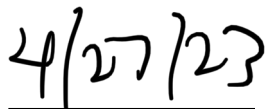
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Comment:

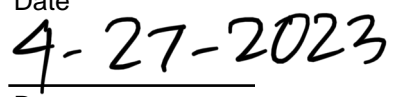
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date