

Foster Family Home - Deficiency Report

Provider ID: 1-190035

Home Name: Aurelio Rapio Jr., CNA

Review ID: 1-190035-9

1135 Ukana Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 3/23/2023

Foster Family Home

Required Certificate

[11-800-6]

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


Comment:

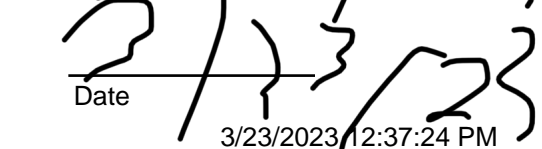
6.d.1- Home visit made for a 3-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date
3/23/2023 12:37:24 PM