

Foster Family Home - Deficiency Report

Provider ID: 1-150002

Home Name: Beatriz F. Borres, CNA

Review ID: 1-150002-14

976 Hanau Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/13/2023

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 recertification inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver

Date 3/13/23

Date 3/13/23