

Foster Family Home - Deficiency Report

Provider ID: 1-180045

Home Name: Cherry Fiesta, CNA

Review ID: 1-180045-10

94-777 Kaaka Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/14/2023

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

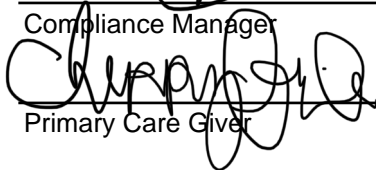
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

4/14/23

Date
4/14/23

Date