

Foster Family Home - Deficiency Report

Provider ID: 1-561177

Home Name: Emilio Andres, CNA

Review ID: 1-561177-14

1935 Ulana Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 1/30/2023

Foster Family Home

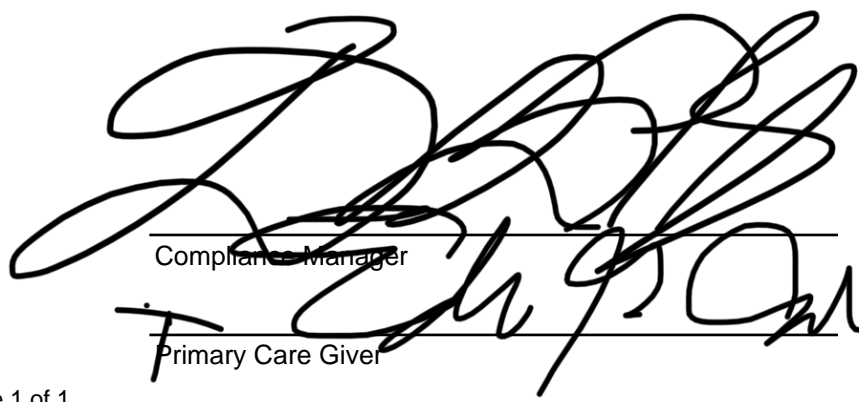
Required Certificate

[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 annual inspection. CCFFH met all requirements at the time of the inspection.



Compliance Manager

01/30/23
Date
01/30/23
Date