

# Foster Family Home - Deficiency Report

Provider ID: 1-512344

Home Name: Estrelita Caramancion, CNA

Review ID: 1-512344-12

94-727 Kuhaulua Place

Reviewer: Po Lim

Waipahu HI 96797



Begin Date: 1/23/2023

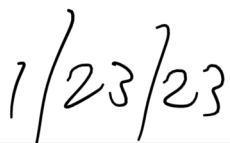
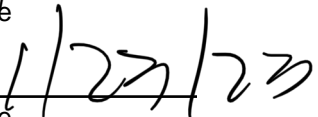
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) Unannounced annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date