

Foster Family Home - Deficiency Report

Provider ID: 1-563793

Home Name: Estrella Casiano, CNA

Review ID: 1-563793-12

4313 Halupa Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 1/26/2023

Foster Family Home

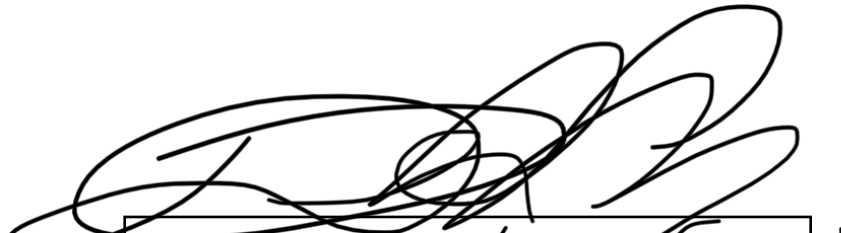
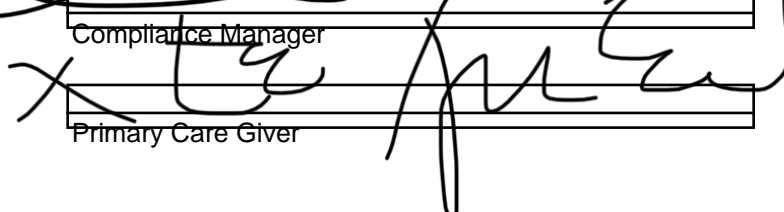
Required Certificate

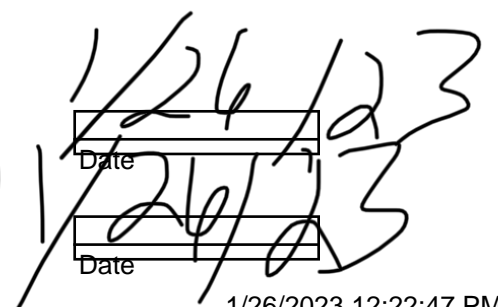
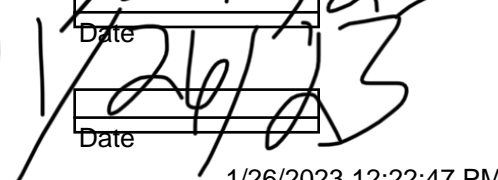
[11-800-6]

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

Primary Care Giver


Date

Date