

Foster Family Home - Deficiency Report

Provider ID: 4-180009

Home Name: Faina Borje, CNA

Review ID: 4-180009-9

120 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 1/5/2023

Foster Family Home

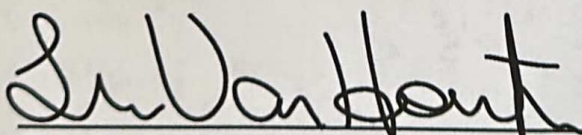
Required Certificate

[11-800-6]

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

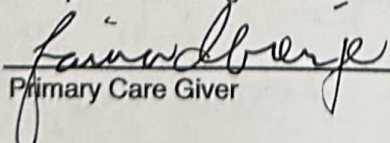
Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

1/5/23
Date



Primary Care Giver

1/5/23
Date