

Foster Family Home - Deficiency Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

Review ID: 1-090054-12

94-227 Loaa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/16/2023

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

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

Comment:

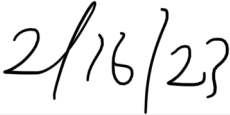
6(d)(1) Unannounced visit made for a 2 bed annual inspection.


CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date