

# Foster Family Home - Deficiency Report

Provider ID: 1-090105

Home Name: Florence B.G. Udani, CNA

Review ID: 1-090105-13

1139 Ukana Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 3/23/2023

Foster Family Home


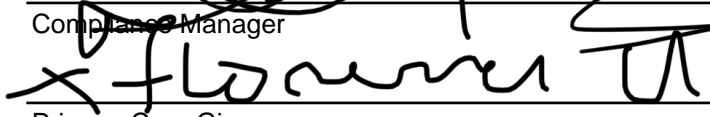
Required Certificate

[11-800-6]

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

Comment:

6.d.1- Home visit made for a 3-bed annual inspection.  
CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver  
Date 3/23/23  
Date 3/23/23