

Foster Family Home - Deficiency Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-13

1623 Hoonipo Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 4/19/2023

Foster Family Home

Required Certificate


[11-800-6]

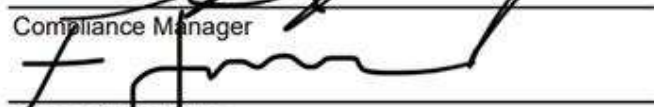
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

4/19/23

Date
4/19/23

Date