

Foster Family Home - Deficiency Report

Provider ID: 1-620557

Home Name: Jessie Silao, CNA

Review ID: 1-620557-11

1056 Wiliki Drive

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 2/23/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

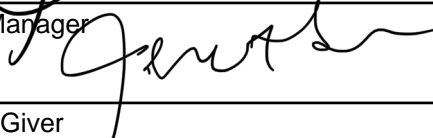
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

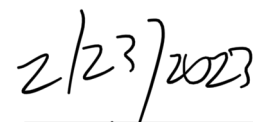
CCFFH applying for increase, from one bed to two beds.



Compliance Manager



Primary Care Giver



Date



Date