

Foster Family Home - Deficiency Report

Provider ID: 1-170083

Home Name: Kristine May Anloague, NA

Review ID: 1-170083-10

94-1111 Hoomakoa Street

Reviewer: Po Lim

Waipahu HI 96797

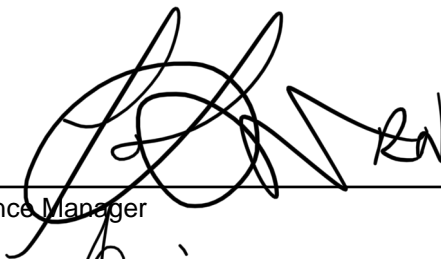
Begin Date: 1/24/2023

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 recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

1/24/2023
Date

1/24/2023
Date