

Foster Family Home - Deficiency Report

Provider ID: 1-220021

Home Name: Maria Suerte Baldonado, RN

Review ID: 1-220021-3

94-1045 Kaloli Loop

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 1/12/2023

Foster Family Home

Required Certificate


[11-800-6]

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

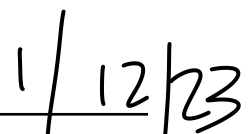
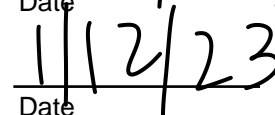
Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.


Compliance Manager


Primary Care Giver


Date

Date