

# Foster Family Home - Deficiency Report

Provider ID: 1-100049

Home Name: Mario Patricio, CNA

Review ID: 1-100049-12

99-634 Hulumanu Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 2/15/2023

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

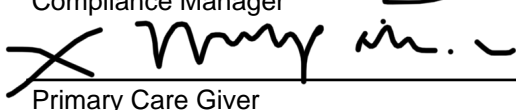
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

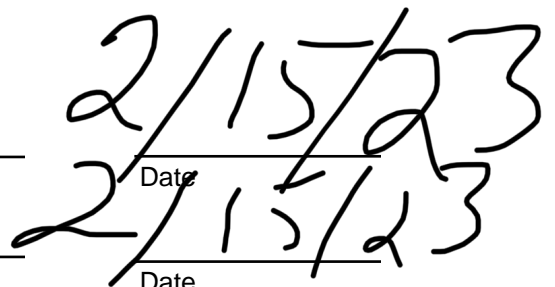
6.(d)(1)-Unannounced visit made for a 3-bed annual inspection. CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver



Date

Date