

Foster Family Home - Deficiency Report

Provider ID: 1-576259

Home Name: Milagros Vilorio, CNA

Review ID: 1-576259-13

1939 Kalihi Street

Reviewer: Deborah Baumgart

Honolulu

HI

96819

Begin Date:

2/14/2023

Foster Family Home


Required Certificate

[11-800-6]

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

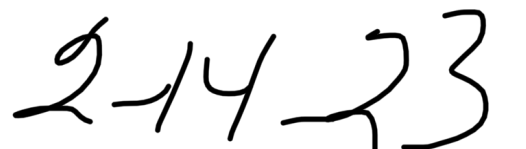
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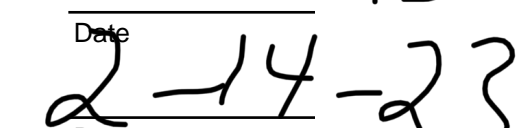
6.(d)(1)-Unannounced visit made for a 3-bed annual inspection. CCFFH met all requirements at the time of inspection.



Compliance Manager


Primary Care Giver



Date


Date