

# Foster Family Home - Deficiency Report

Provider ID: 1-599045

Home Name: Minerva Cabang, CNA

Review ID: 1-599045-13

94-386 Honowai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/31/2023

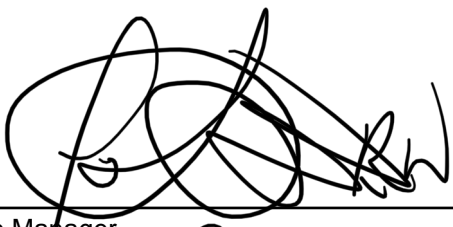

Foster Family Home	Required Certificate	[11-800-6]
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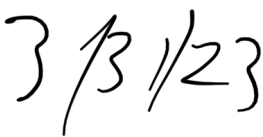
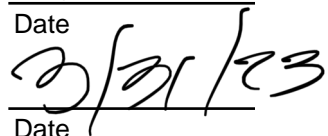
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date