

# Foster Family Home - Deficiency Report

Provider ID: 1-180041

Home Name: Robina Quartero, CNA

Review ID: 1-180041-9

94-515 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/11/2023

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

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

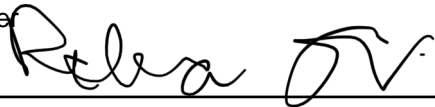
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Comment:

6(d)(1) Unannounced visit made for a 2 bed annual inspection.

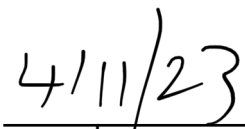
CCFFH met all requirements at the time of the inspection.



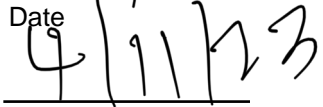
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Compliance Manager



\_\_\_\_\_  
Primary Care Giver



\_\_\_\_\_  
Date



\_\_\_\_\_  
Date