

Foster Family Home - Deficiency Report

Provider ID: 1-170027

Home Name: Roxanne Medrano, CNA

Review ID: 1-170027-11

94-572 Pilimai Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/30/2023

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

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

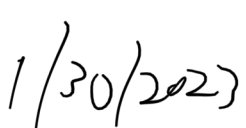
Comment:

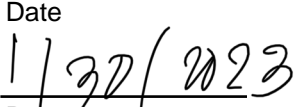
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date