

Foster Family Home - Deficiency Report

Provider ID: 1-140055

Home Name: Soliel E. Blas, RN

Review ID: 1-140055-13

1605 Maliu Street

Reviewer: Deborah Baumgart

Honolulu

HI

96819

Begin Date: 3/7/2023

Foster Family Home

Required Certificate

[11-800-6]

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

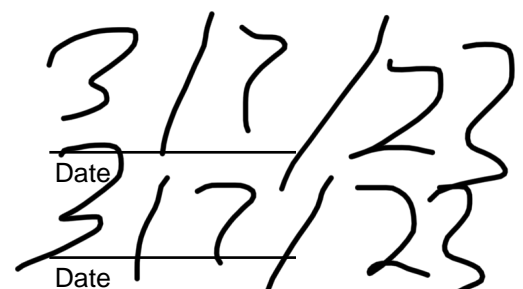
Comment:

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



Compliance Manager

Primary Care Giver



Date

Date