

# Foster Family Home - Deficiency Report

Provider ID: 1-512104

Home Name: Virginia Suniga, CNA

Review ID: 1-512104-11

91-1052 Kahiuka Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/19/2023

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 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

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

4/19/23  
\_\_\_\_\_  
Date  
4/19/23  
\_\_\_\_\_  
Date