

Foster Family Home - Deficiency Report

Provider ID: 1-210049

Home Name: Wency Martin, CNA

Review ID: 1-210049-5

1549 Lehia Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 3/30/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Home visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

PCG (CG#1) requests to increase from a 2-bed CCFFH to a 3-bed CCFFH.



Compliance Manager

X 

Primary Care Giver

3/30/23

Date

3/30/23

Date