

Foster Family Home - Deficiency Report

Provider ID: 1-569494

Home Name: Fanny Tan, CNA

Review ID: 1-569494-14

1956 Kealakai Street

Reviewer: Po Lim

Honolulu HI 96817

Begin Date: 6/6/2023

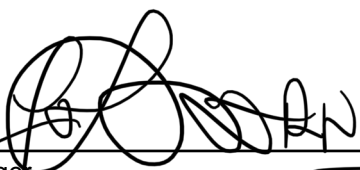
Foster Family Home **Required Certificate** **[11-800-6]**

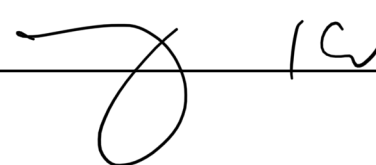
6.(d)(1) Comply with all applicable requirements in this chapter; and

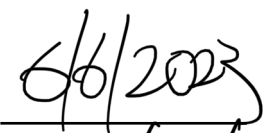
Comment:

6(d)(1) Unannounced visit made for a 3 bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager 

Primary Care Giver 

Date 

Date 