

Foster Family Home - Deficiency Report

Provider ID: 1-220077

Home Name: Kriza Lyn Delos Santos, CNA

Review ID: 1-220077-3

94-415 Lakau Place

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 6/2/2023

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