

Foster Family Home - Deficiency Report

Provider ID: 1-509391

Home Name: Remedios Corpuz, CNA

Review ID: 1-509391-11

634-E North Vineyard Blvd.

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 5/9/2023

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