

Foster Family Home - Deficiency Report

Provider ID: 1-150050

Home Name: Dolores Vicencio, CNA

Review ID: 1-150050-11

98-050 Lokowai Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 6/2/2023

Foster Family Home

Required Certificate

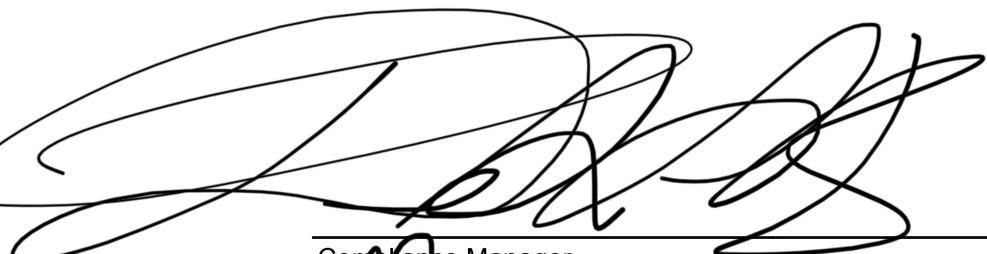
[11-800-6]

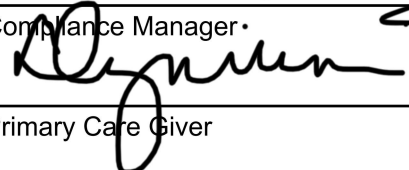
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

6/2/23

Date
6/2/23

Date