

# Foster Family Home - Deficiency Report

Provider ID: 1-513079

Home Name: Glenda Felix, CNA

Review ID: 1-513079-12

94-1247 Kahuaina Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 5/18/2023


**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 annual inspection.

CCFFH met all requirements at the time of the inspection.

  
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Compliance Manager      Date: 5/18/23

  
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Primary Care Giver      Date: 5/18/23