

Foster Family Home - Deficiency Report

Provider ID: 1-510405

Home Name: Lolita Schimmel, CNA

Review ID: 1-510405-12

4496 Luapele Place

Reviewer: Deborah Baumgart

Honolulu

HI

96818

Begin Date:

5/26/2023

Foster Family Home

Required Certificate

[11-800-6]

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

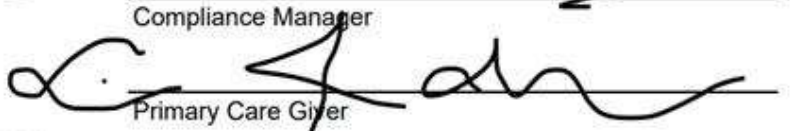
Comment:

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

5/26/23
Date
5/26/23
Date