

Foster Family Home - Deficiency Report

Provider ID: 1-150060

Home Name: Nobleza Doro, CNA

Review ID: 1-150060-12

257 Thomas Street

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 5/17/2023

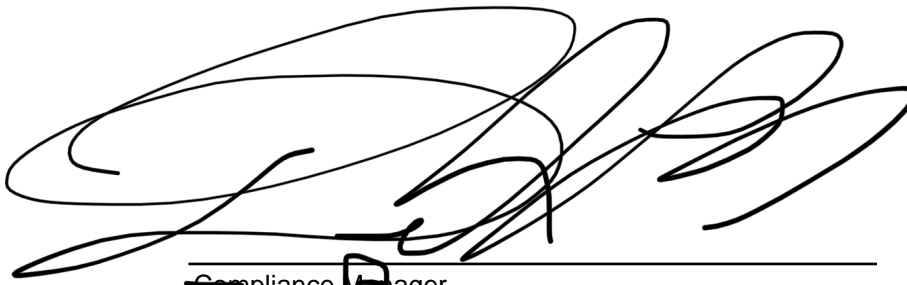
Foster Family Home **Required Certificate** **[11-800-6]**

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.



Compliance Manager

Primary Care Giver

5/17/23

Date
5/17/23

Date