

Foster Family Home - Deficiency Report

Provider ID: 1-230056

Home Name: Daisy Bueno, RN

Review ID: 1-230056-1

94-579 Apii Place

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 8/2/2023

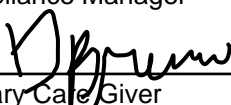
Foster Family Home	Required Certificate	[11-800-6]
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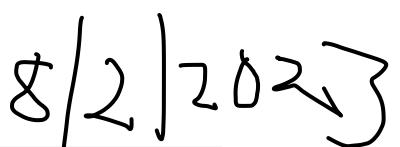
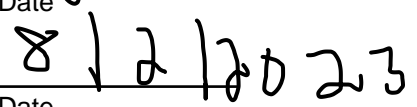
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date

Date