

Foster Family Home - Deficiency Report

Provider ID: 1-190081

Home Name: Jesica Hinojosa, CNA

Review ID: 1-190081-9

1705 Maliu Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 7/28/2023

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

7/28/23
Date
7/28/23
Date