

Foster Family Home - Deficiency Report

Provider ID: 1-510190

Home Name: Mildred Uytiepo, CNA

Review ID: 1-510190-16

1637 Ahihi Street

Reviewer: Deborah Baumgart

Honolulu

HI

96819

Begin Date:

6/28/2023

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

Date

Primary Care Giver

Date