

# Foster Family Home - Deficiency Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

Review ID: 1-512229-13

1719 A Owawa Street

Reviewer: Po Lim

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 re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date