

Foster Family Home - Deficiency Report

Provider ID: 1-230045

Home Name: Princess Cindy Luis, NA

Review ID: 1-230045-1

94-009 Poailani Circle

Reviewer: David Ayling

Waipahu HI 96797

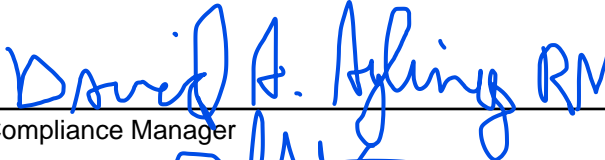
Begin Date: 6/27/2023

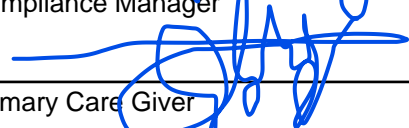
Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

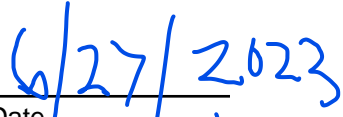
6.(d)(1) Comply with all applicable requirements in this chapter; and

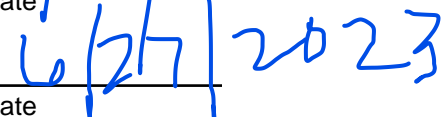
Comment:

6.(d)(1) - 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