

Foster Family Home - Deficiency Report

Provider ID: 4-510942

Home Name: Renely Ubilas, CNA

Review ID: 4-510942-14

100 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/18/2023

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.


Compliance Manager


Primary Care Giver

7/18/23

Date

7/18/23

Date