

Foster Family Home - Deficiency Report

Provider ID: 1-210084

Home Name: Brendalyn G. Diaros, NA

Review ID: 1-210084-5

94-418 Hoaeae Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 8/16/2023

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