

# Foster Family Home - Deficiency Report

Provider ID: 1-150068

Home Name: Florimar Jay Miyat, CNA

Review ID: 1-150068-11

1352 Anapa Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 7/27/2023

Foster Family Home

Required Certificate


[11-800-6]

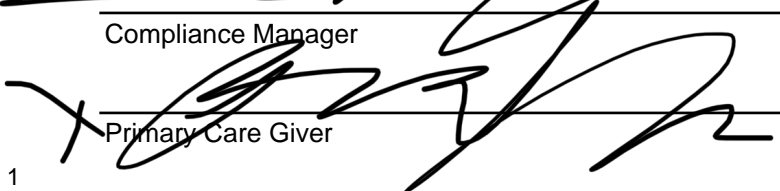
6.(d)(1) Comply with all applicable requirements in this chapter; and

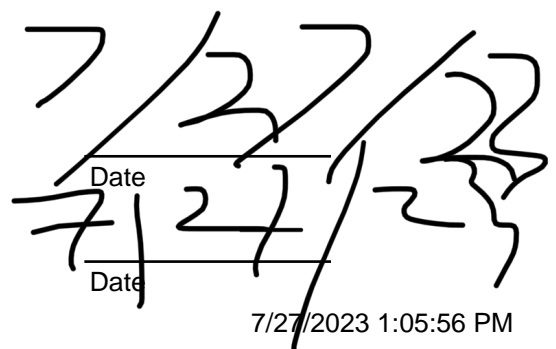
Comment:

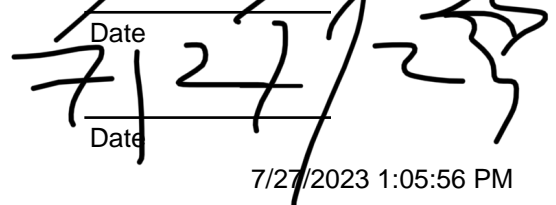
6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date