

Foster Family Home - Deficiency Report

Provider ID: 1-200062

Home Name: Janice Cadiante, RN

Review ID: 1-200062-7

1031 Gulick Avenue

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 8/24/2023

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

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

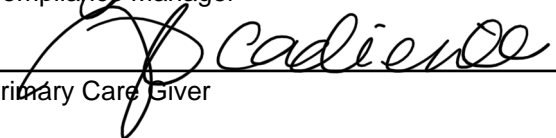
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

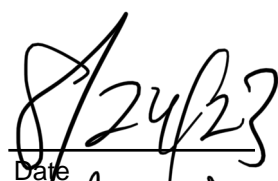
CCFFH met all requirements at the time of the inspection.



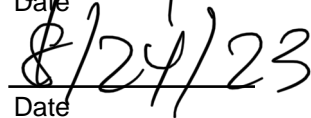
Compliance Manager



Primary Care Giver



Date



Date