

# Foster Family Home - Deficiency Report

Provider ID: 1-582248

Home Name: Ma Lournalee Asuncion, CNA

Review ID: 1-582248-14

98-544 Kaamilo Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 8/28/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

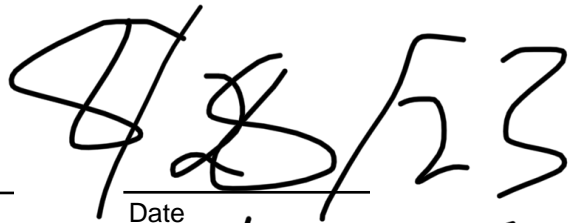
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection



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Compliance Manager



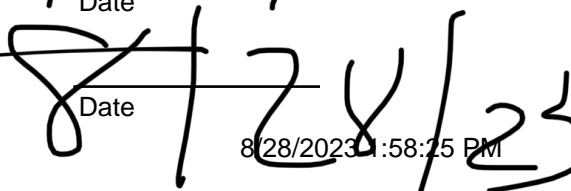
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Date



\_\_\_\_\_

Primary Care Giver



\_\_\_\_\_

Date