

Foster Family Home - Deficiency Report

Provider ID: 1-596489

Home Name: Ann Margareth C. Untalan,
CNA

Review ID: 1-596489-14

2332 Pio Place

Reviewer: Deborah Baumgart

Honolulu HI 96819

Begin Date: 8/29/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

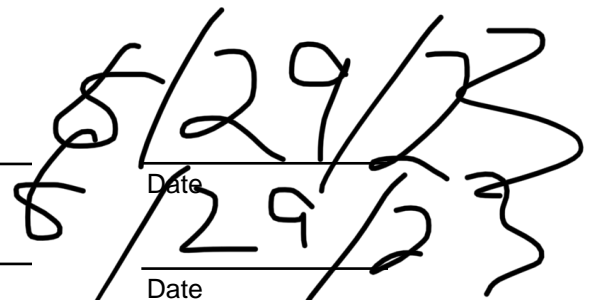
6.d.1- Unannounced visit made for a 3-bed annual inspection.

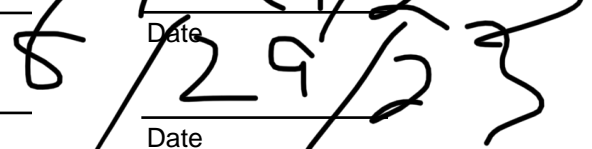
CCFFH met all requirements at the time of the inspection



Compliance Manager


Primary Care Giver



Date


Date