

# Foster Family Home - Deficiency Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-15

94-556 Hiaku Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/20/2023

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

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

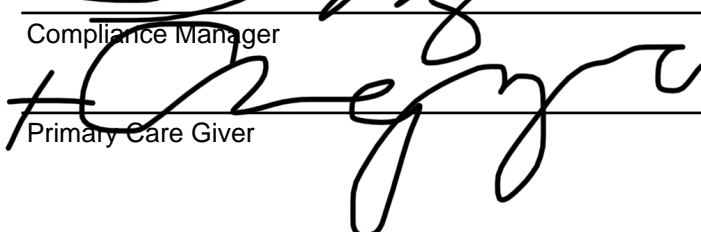
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Comment:

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

CCFFH met all requirements at the time of the inspection.

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

9/20/23  
\_\_\_\_\_  
Date

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

9/20/23  
\_\_\_\_\_  
Date