

# Foster Family Home - Deficiency Report

Provider ID: 1-630279

Home Name: David Yamane, CNA

Review ID: 1-630279-14

1103 Kahauiki Place

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 8/29/2023

Foster Family Home

Required Certificate

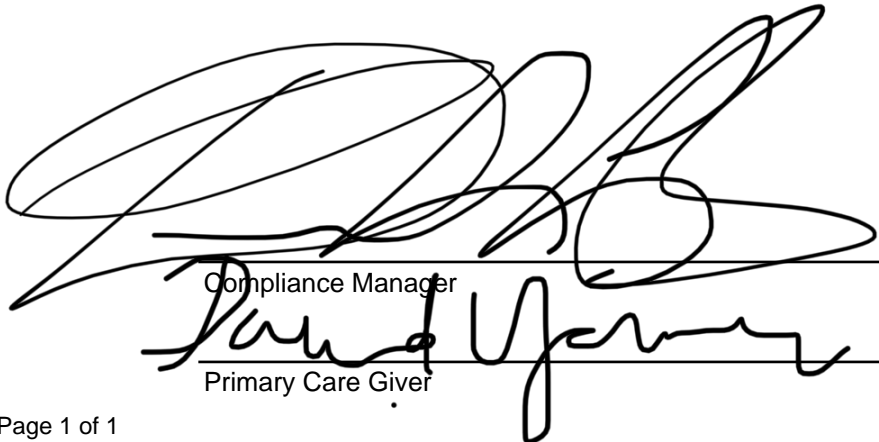
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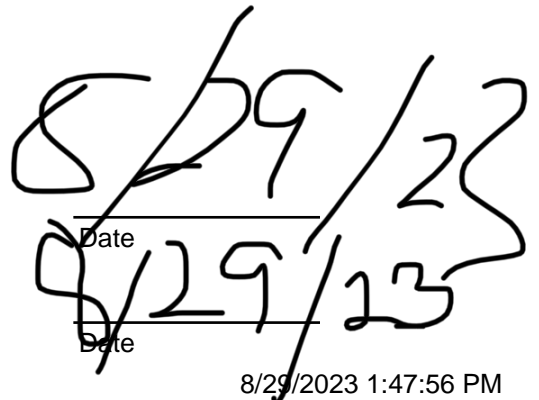
6.(d)(1) Comply with all applicable requirements in this chapter; and

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  
David Yamane  
Primary Care Giver

  
Date  
8/29/23  
Date