

Foster Family Home - Deficiency Report

Provider ID: 1-210001

Home Name: Ericka Samantha M. Madrid,
NA

Review ID: 1-210001-10

87-288 Saint Johns Road Apt. G-1

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 10/5/2023

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 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date