

# Foster Family Home - Deficiency Report

Provider ID: 1-591265

Home Name: Estela Galera, CNA

Review ID: 1-591265-14

91-1530 Kaikoi Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 9/18/2023


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

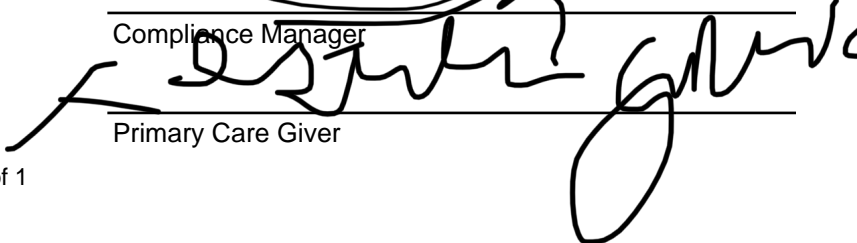
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection

  
\_\_\_\_\_  
Compliance Manager      Date 9/18/23

  
\_\_\_\_\_  
Primary Care Giver      Date 9/18/23