

Foster Family Home - Deficiency Report

Provider ID: 1-587438

Home Name: Jojie Filburn, CNA

Review ID: 1-587438-13

1486 Kohou Street

Reviewer: Deborah Baumgart

Honolulu

HI 96817

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.

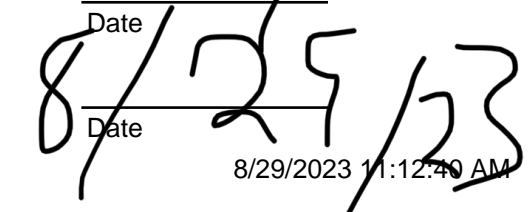
CCFFH met all requirements at the time of the inspection



Compliance Manager


Primary Care Giver



Date


Date