

# Foster Family Home - Deficiency Report

Provider ID: 1-200069

Home Name: Julie Ann Quiambao, RN

Review ID: 1-200069-8

94-251 Paiwa Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 9/18/2023

Foster Family Home

Required Certificate

[11-800-6]


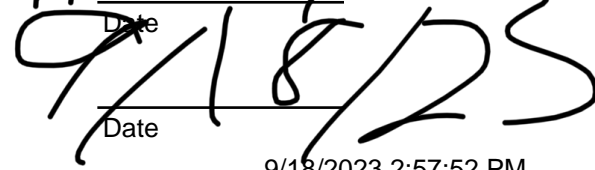
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date