

# Foster Family Home - Deficiency Report

Provider ID: 1-561804

Home Name: Marie Angelie Valencia, RN

Review ID: 1-561804-13

94-1128 Halelehua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/20/2023

Foster Family Home

Required Certificate

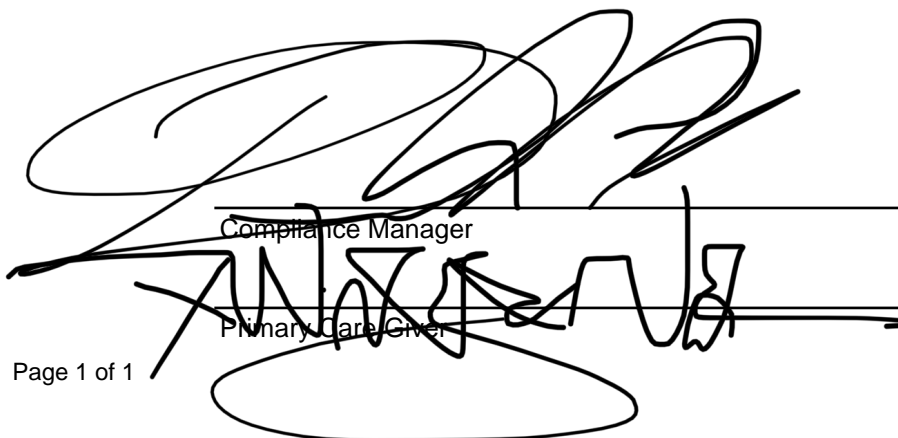
[11-800-6]

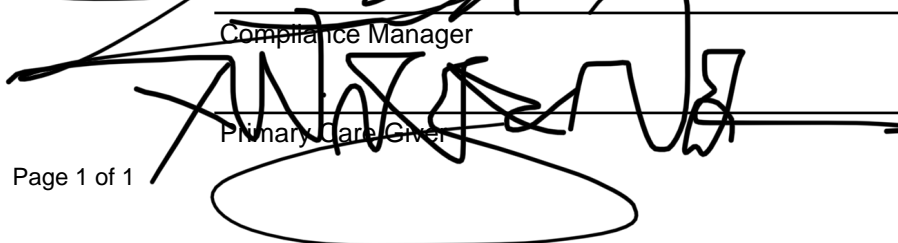
6.(d)(1) Comply with all applicable requirements in this chapter; and

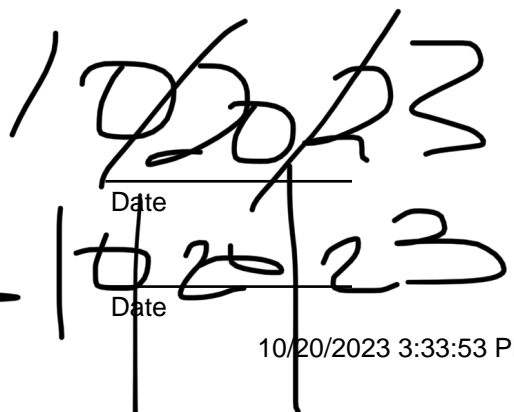
Comment:

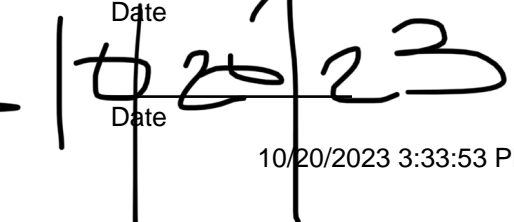
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date