

Foster Family Home - Deficiency Report

Provider ID: 1-190091

Home Name: Mark Delos Santos, CNA

Review ID: 1-190091-9

94-589 Apii Place

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 9/22/2023

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