

Foster Family Home - Deficiency Report

Provider ID: 1-210086

Home Name: Rized Stephen Visaya, NA

Review ID: 1-210086-6

94-376 Kahuawai Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date: 10/17/2023

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