

Foster Family Home - Deficiency Report

Provider ID: 1-509614

Home Name: Theresa Elgar, CNA

Review ID: 1-509614-13

1046 Ahe Ahe Avenue

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 10/23/2023

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



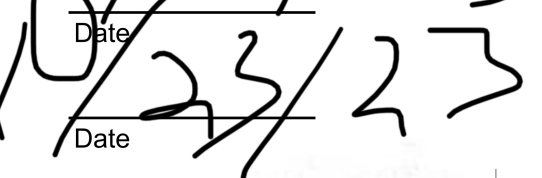
Compliance Manager



Primary Care Giver



Date



Date