

# Foster Family Home - Deficiency Report

Provider ID: 1-180061

Home Name: Yvette Dimaya, CNA

Review ID: 1-180061-11

91-1010 Niolo Street

Reviewer: Po Lim

Ewa Beach

HI 96706

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 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date