

Foster Family Home - Deficiency Report

Provider ID: 1-631318

Home Name: Zeny Basconcillo, CNA

Review ID: 1-631318-13

94-1153 Hinaea Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date: 10/20/2023

Foster Family Home

Required Certificate

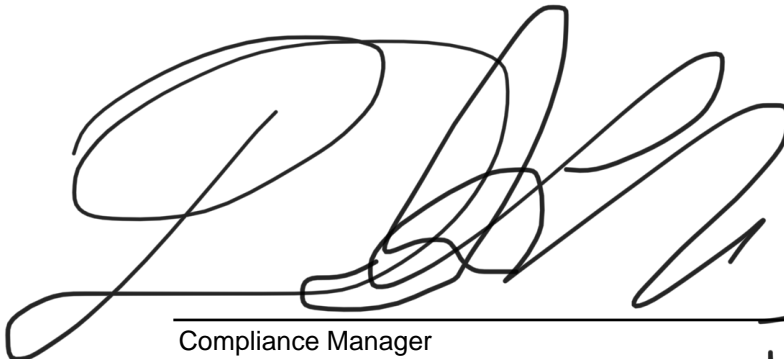
[11-800-6]

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

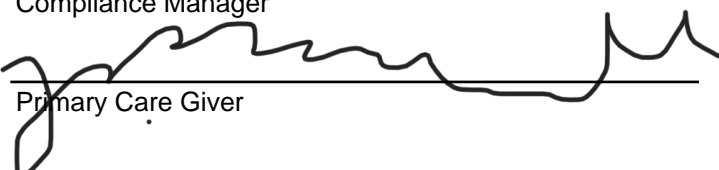
Comment:

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

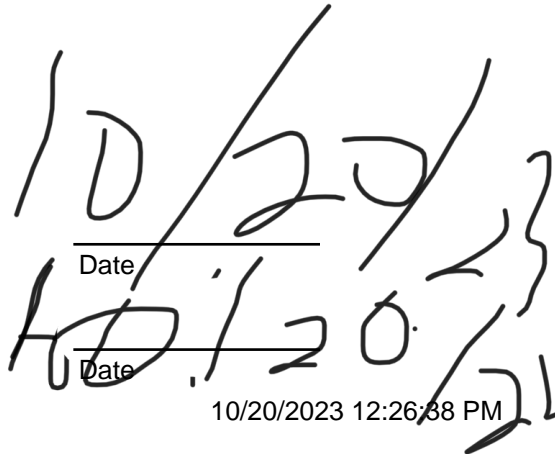
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date

Date