

Foster Family Home - Deficiency Report

Provider ID: 1-220095

Home Name: Kizle Ann Ulandez, CNA

Review ID: 1-220095-3

94-706 Kaaoki Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/18/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver

9/18/23

Date

9/18/23

Date