

Foster Family Home - Deficiency Report

Provider ID: 1-610502

Home Name: Erlinda Kimura, RN

Review ID: 1-610502-13

17 Lihi Way

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 11/27/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

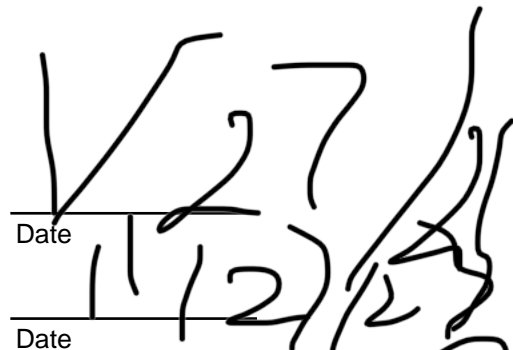
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver


Date 11/27/23
Date 11/27/23