

# Foster Family Home - Deficiency Report

Provider ID: 1-210018

Home Name: Leticia Torricer, CNA

Review ID: 1-210018-7

94-423 Uanii Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/28/2023

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

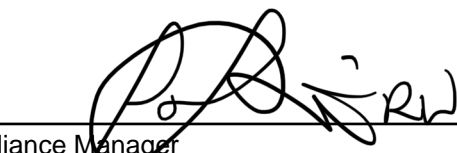
6.(d)(1) Comply with all applicable requirements in this chapter; and

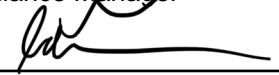
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Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/28/2023  
Date

11/28/2023  
Date