

# Foster Family Home - Deficiency Report

Provider ID: 1-563115

Home Name: Victoria Morales, CNA

Review ID: 1-563115-15

1020 Ihi Ihi Avenue

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 11/27/2023

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

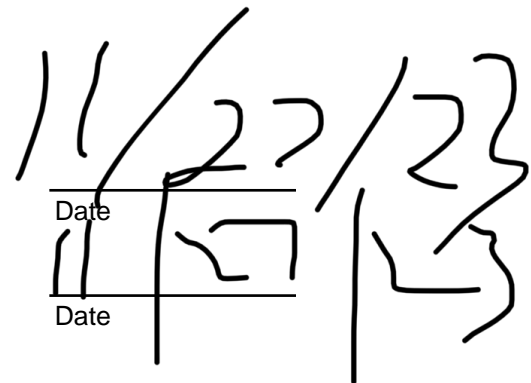
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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  
\_\_\_\_\_  
Date