

Foster Family Home - Deficiency Report

Provider ID: 1-220025

Home Name: Claire Refuerzo, CNA

Review ID: 1-220025-5

1808B Beckley Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 1/29/2024

Foster Family Home

Required Certificate

[11-800-6]


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

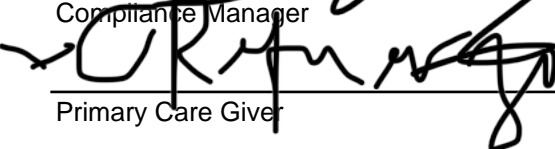
Comment:

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

CCFFH met all requirements at the time of the inspection.

PCG requests to increase to 3-bed CCFFH



Compliance Manager


Primary Care Giver

1/29/24

Date
1/29/24

Date