

Foster Family Home - Deficiency Report

Provider ID: 1-170096

Home Name: Florida Repuya, CNA

Review ID: 1-170096-10

94-230 Kahulio Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/8/2023

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

Date

11/8/23

Primary Care Giver

Date

11/8/23