

Foster Family Home - Deficiency Report

Provider ID: 1-170083

Home Name: Kristine May Anloague, NA

Review ID: 1-170083-12

94-1111 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/1/2024

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 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver

Date 2/1/24
Date 2/1/24
Date