

# Foster Family Home - Deficiency Report

Provider ID: 1-598427

Home Name: Mildred Dacoco, CNA

Review ID: 1-598427-13

1931 Waikahe Place

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 12/13/2023

Foster Family Home

Required Certificate


[11-800-6]


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

Comment:

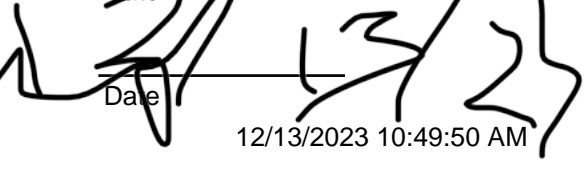
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date