

Foster Family Home - Deficiency Report

Provider ID: 1-200016

Home Name: Mylin Smith, CNA

Review ID: 1-200016-9

95-253 Kehepue Loop

Reviewer: Po Lim

Mililani HI 96789

Begin Date: 2/2/2024


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

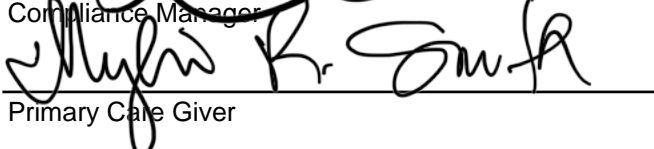
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

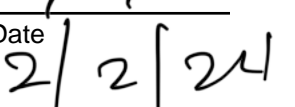
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date