

# Foster Family Home - Deficiency Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Review ID: 1-150027-14

94-339 Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/15/2024

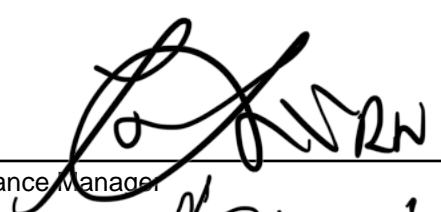
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

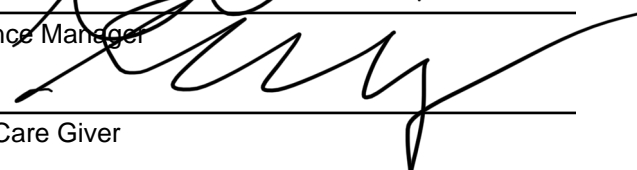
6.(d)(1) Comply with all applicable requirements in this chapter; and

-----  
Comment:

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

CCFFH met all requirements at the time of the inspection.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date