

Foster Family Home - Deficiency Report

Provider ID: 1-150002

Home Name: Beatriz F. Borres, CNA

Review ID: 1-150002-16

976 Hanau Street

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 4/25/2024

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