

Foster Family Home - Deficiency Report

Provider ID: 1-160034

Home Name: Editha N. Ponce, CNA

Review ID: 1-160034-14

99-150 Holo Place

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 2/6/2024

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

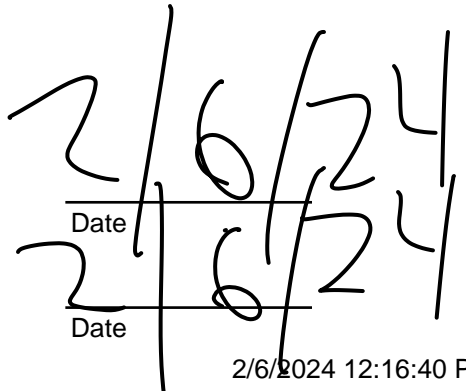
Client agreed to decrease from 3 to 2 beds.



Compliance Manager



Primary Care Giver



Date

Date