

Foster Family Home - Deficiency Report

Provider ID: 1-090100

Home Name: Fely Barayuga, CNA

Review ID: 1-090100-17

1808 Beckley Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/25/2024

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



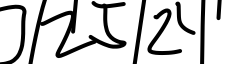
Compliance Manager



Primary Care Giver



Date



Date