

Foster Family Home - Deficiency Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

Review ID: 1-090054-14

94-227 Loaa Street

Reviewer: Po Lim

Waipahu HI 96797


Begin Date: 2/7/2024

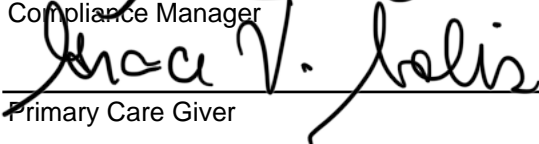
Foster Family Home **Required Certificate** **[11-800-6]**

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

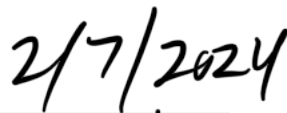
Comment:

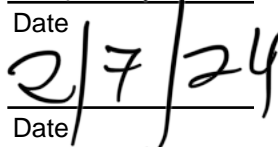
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date