

Foster Family Home - Deficiency Report

Provider ID: 1-190023

Home Name: Gretchen Bondoc, RN

Review ID: 1-190023-10

94-322 Haaa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/14/2024

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

2/14/2024

Date

2/14/24

Date