

Foster Family Home - Deficiency Report

Provider ID: 1-150037

Home Name: Marcela Briones, CNA

Review ID: 1-150037-17

94-607 Kipou Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

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

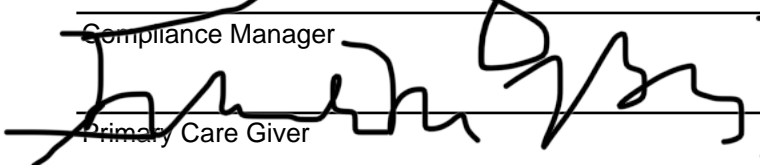
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

3/25/24

Date

3/25/24

Date