

# Foster Family Home - Deficiency Report

Provider ID: 1-576259

Home Name: Milagros Vilorio, CNA

Review ID: 1-576259-15

1939 Kalihi Street

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 3/11/2024

Foster Family Home

Required Certificate

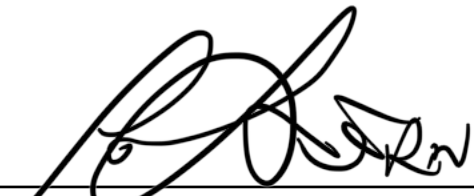
[11-800-6]

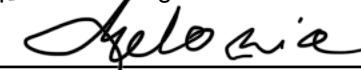
6.(d)(1) Comply with all applicable requirements in this chapter; and

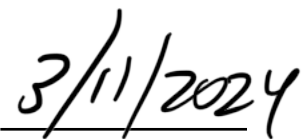
Comment:


6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date