

# Foster Family Home - Deficiency Report

Provider ID: 1-190032

Home Name: Minerva Ignacio, CNA

Review ID: 1-190032-11

2304 B Palena Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 3/28/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

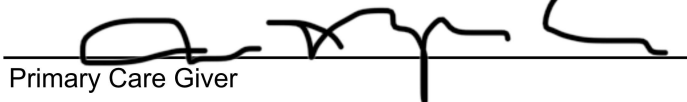
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



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Compliance Manager



\_\_\_\_\_

Primary Care Giver

3/28/24  
\_\_\_\_\_  
Date

3/28/24  
\_\_\_\_\_  
Date