

Foster Family Home - Deficiency Report

Provider ID: 1-579584

Home Name: Poblezita J. Torillos, CNA

Review ID: 1-579584-15

91-941 Kalapu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 3/6/2024


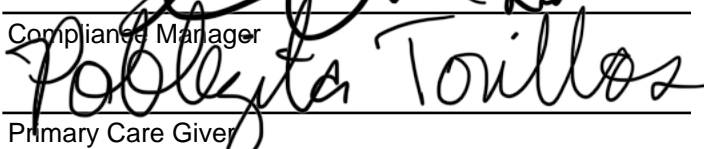
Foster Family Home **Required Certificate** **[11-800-6]**


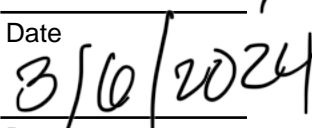
6.(d)(1) Comply with all applicable requirements in this chapter; and

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