

Foster Family Home - Deficiency Report

Provider ID: 1-559114

Home Name: Remedios Laforga, CNA

Review ID: 1-559114-8

85-335 Imipono Place

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 3/12/2024


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

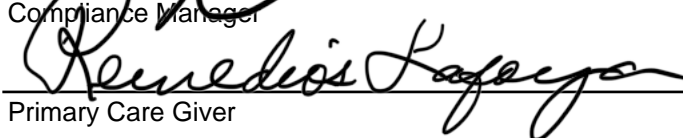
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

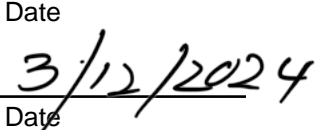
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date