

Foster Family Home - Deficiency Report

Provider ID: 1-514902

Home Name: Teresita Shuman, CNA

Review ID: 1-514902-17

94-1067 Lumipolu Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 2/22/2024


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

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

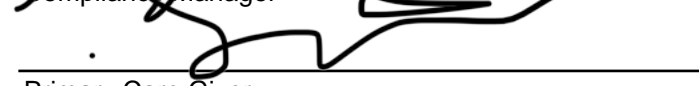
Comment:

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

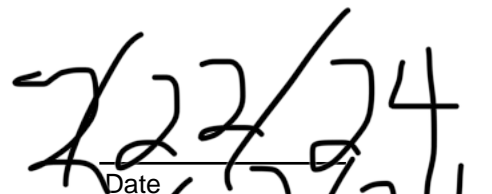
CCFFH met all requirements at the time of the inspection.

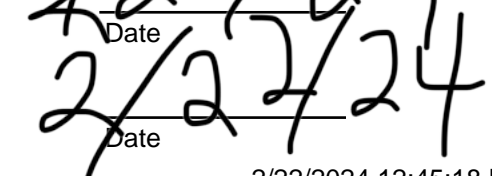


Compliance Manager



Primary Care Giver



Date


Date