

Foster Family Home - Deficiency Report

Provider ID: 1-100074

Home Name: Werlina Young, CNA

Review ID: 1-100074-15

94-440 Hiapaiole Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 4/18/2024


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

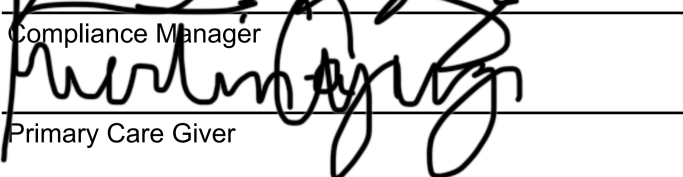
6.(d)(1) Comply with all applicable requirements in this chapter; and

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