

Foster Family Home - Deficiency Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

Review ID: 1-563751-16

94-1067 Kuhaulua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/22/2024

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

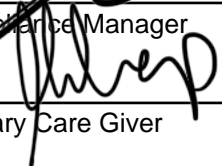
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

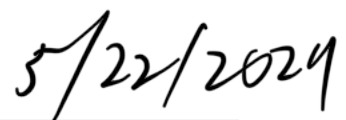
6(d)(1) Unannounced visit made for a 3 bed annual visit.

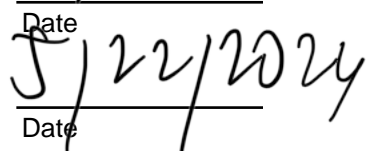
CCFFH met all requirements at the time of the visit.



Compliance Manager


Primary Care Giver



Date


Date