

Foster Family Home - Deficiency Report

Provider ID: 1-587420

Home Name: Lilibeth Quinones, CNA

Review ID: 1-587420-15

91-1152 Kaunolu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/6/2024

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.

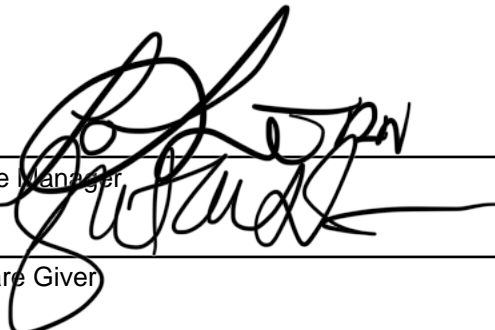
CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date



6/6/2024

6/10/24