

Foster Family Home - Deficiency Report

Provider ID: 1-220064

Home Name: Noel Quitaras, CNA

Review ID: 1-220064-5

2004 Kealoha Street, Apt. A

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 6/13/2024

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

6/13/2024

Date

6/13/2024

Date