

Foster Family Home - Deficiency Report

Provider ID: 1-512104

Home Name: Virginia Suniga, CNA

Review ID: 1-512104-13

91-1052 Kahiuka Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 5/29/2024

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

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

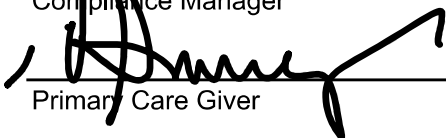
Comment:

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

5/29/24

Date

5/29/24

Date