

Foster Family Home - Deficiency Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-19

94-081 Awamoku Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/17/2024

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

7/17/24

Date
7/17/24

Date