

Foster Family Home - Deficiency Report

Provider ID: 1-140064

Home Name: Grace Tirador, RN

Review ID: 1-140064-15

94-1217 Huakai Street

Reviewer: Ryan Nakamura

Waipahu HI 96797


Begin Date: 6/24/2024

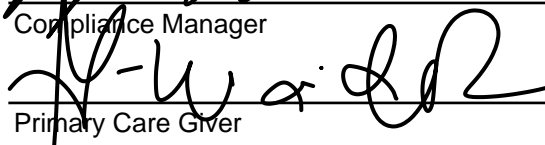
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date