

Foster Family Home - Deficiency Report

Provider ID: 1-220077

Home Name: Kriza Lyn Delos Santos, CNA

Review ID: 1-220077-5

94-415 Lakau Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 6/14/2024

Foster Family Home

Required Certificate


[11-800-6]

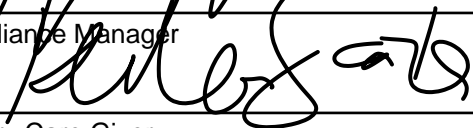
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.

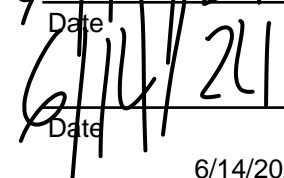
CCFFH increasing to 3 bed CCFFH.



Compliance Manager


Primary Care Giver



Date


Date