

Foster Family Home - Deficiency Report

Provider ID: 1-090085

Home Name: Mercy Esteban, CNA

Review ID: 1-090085-16

4341 Keaka Drive

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 6/14/2024

Foster Family Home

Required Certificate

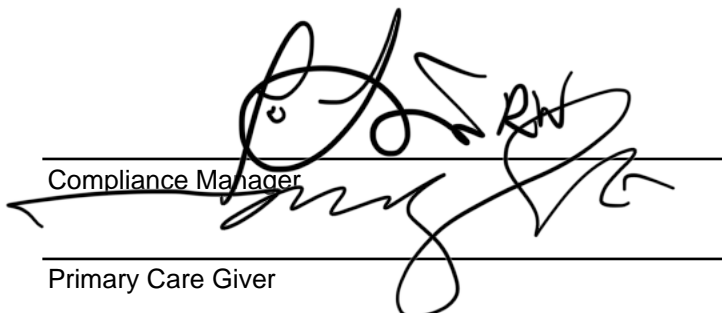
[11-800-6]

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

Comment:

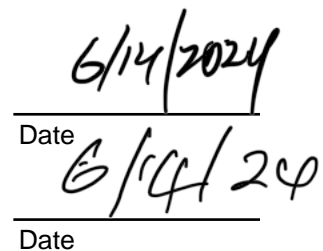
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

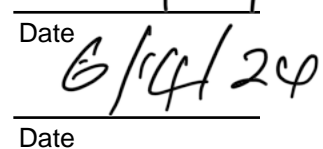
CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



Date


Date