

Foster Family Home - Deficiency Report

Provider ID: 1-509292

Home Name: Perly Calaycay Quiaoit, CNA

Review ID: 1-509292-15

4488 Luapele Place

Reviewer: Ryan Nakamura

Honolulu

HI 96818

Begin Date: 6/25/2024

Foster Family Home

Required Certificate

[11-800-6]

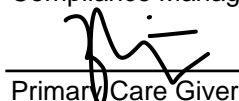
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date