

Foster Family Home - Deficiency Report

Provider ID: 1-512261

Home Name: Trinidad Tumbaga, CNA

Review ID: 1-512261-15

91-993 Keoneae Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

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 visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver

6/25/24
Date
6/25/24
Date