

Foster Family Home - Deficiency Report

Provider ID: 1-626046

Home Name: Florelin Baptista, RN

Review ID: 1-626046-11

94-1075 Palaiki Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/16/2024

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

X asfo lentino

Primary Care Giver

9/16/24
Date
9/16/24
Date