

Foster Family Home - Deficiency Report

Provider ID: 1-511099

Home Name: Imelda Viernes, CNA

Review ID: 1-511099-16

94-583 Apii Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/27/2024

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

9/27/24
9/27/24
at