

# Foster Family Home - Deficiency Report

Provider ID: 1-220095

Home Name: Kiszle Ann Ulandez, CNA

Review ID: 1-220095-5

94-706 Kaaoki Place

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 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

PCG requests to increase from a 2-bed to 3-bed CCFFH



Compliance Manager



Primary Care Giver

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