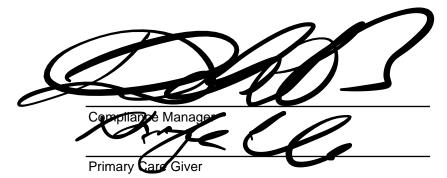
Foster Family Home - Deficiency Report

Provider ID:	1-220095			
Home Name:	Kiszle Ann Ulandez, CNA		Review ID:	1-220095-5
94-706 Kaaoki Place			Reviewer:	Deborah Baumgart
Waipahu	н	96797	Begin Date:	9/16/2024

Foster Family Ho	me 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 re	quirements at the time of the inspection.			

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





9/16/2024 3:28:51 PM