

Foster Family Home - Deficiency Report

Provider ID: 1-100108

Home Name: Miriam Brillante, CNA

Review ID: 1-100108-17

35 Makani Avenue

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 9/17/2024


Foster Family Home **Required Certificate** **[11-800-6]**

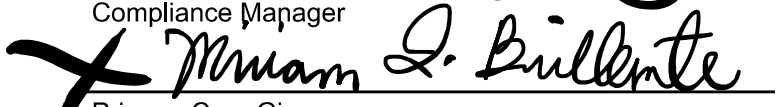
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

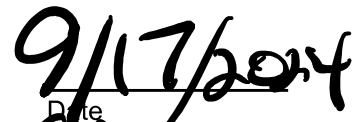
6.d.1- Unannounced visit made for a 3-bed annual inspection.

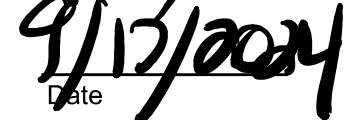
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date