

Foster Family Home - Deficiency Report

Provider ID: 1-510190

Home Name: Mildred Uytiepo, CNA

Review ID: 1-510190-18

1637 Ahihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 6/12/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RA 6/12/24
Compliance Manager Date

Mildred F. Uytiepo 6/12/24
Primary Care Giver Date