

Foster Family Home - Deficiency Report

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA

Review ID: 1-511289-17

91-1060 Hamana Street

Reviewer: Po Lim

Ewa Beach HI 96706


Begin Date: 11/20/2024


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

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

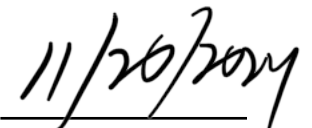
Comment:


6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date