

Foster Family Home - Deficiency Report

Provider ID: 1-570053

Home Name: Isabel Infante, CNA

Review ID: 1-570053-17

1537 Haloa Drive

Reviewer: Po Lim

Honolulu HI 96818

Begin Date: 12/6/2024

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

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


Comment:

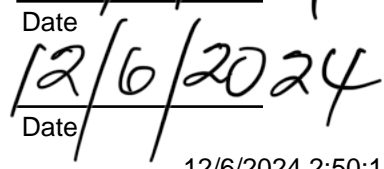
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date