

Foster Family Home - Deficiency Report

Provider ID: 1-512310

Home Name: Grace Constantino-Reyes,
CNA

Review ID: 1-512310-17

94-586 Palai Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 6/26/2025

Foster Family Home

Required Certificate

[11-800-6]

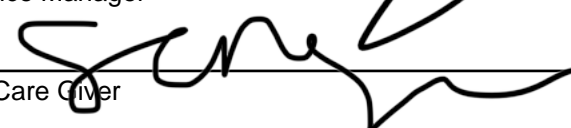
6.(d)(1) Comply with all applicable requirements in this chapter; and

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