

# Foster Family Home - Deficiency Report

Provider ID: 1-510190

Home Name: Mildred Uytiepo, CNA

Review ID: 1-510190-20

1637 Ahihi Street

Reviewer: Deborah Baumgart

Honolulu

HI

96819

Begin Date: 7/1/2025

Foster Family Home

Required Certificate

[11-800-6]

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

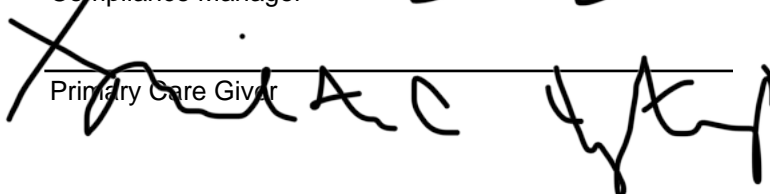
Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

7/1/25  
Date  
7/1/25  
Date