

Foster Family Home - Deficiency Report

Provider ID: 1-573700

Home Name: Elvira Fernandez, RN
2385 Haumana Place
Honolulu HI 96819

Review ID: 1-573700-17
Reviewer: Deborah Baumgart
Begin Date: 8/19/2025

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
Elvira Fernandez
Primary Care Giver

8/19/25
Date
8/19/25
Date