

Foster Family Home - Deficiency Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

Review ID: 1-558885-18

91-1154 Hanaloa Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 8/11/2025

Foster Family Home

Required Certificate

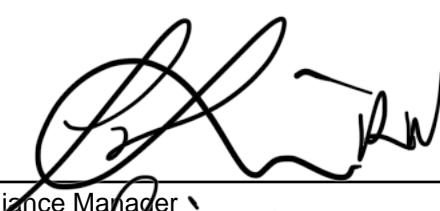
[11-800-6]

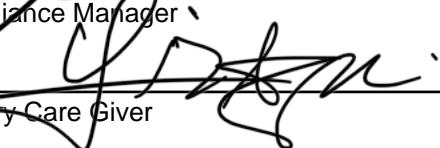
6.(d)(1) Comply with all applicable requirements in this chapter; and

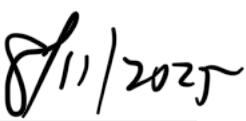
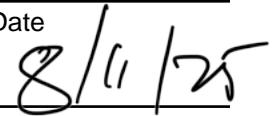
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver


Date

Date