

# Foster Family Home - Deficiency Report

Provider ID: 1-240094

Home Name: Ariane Kay Ortiz, CNA

Review ID: 1-240094-3

94-341 B Kahuahele Street

Reviewer: Po Lim

Waipahu HI 96797


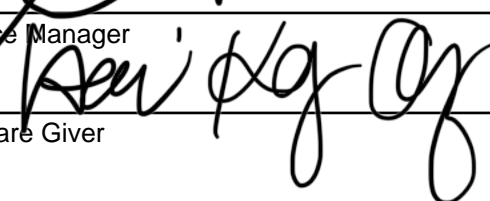
Begin Date: 9/25/2025


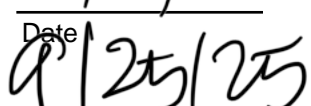
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.  
CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date