

# Foster Family Home - Deficiency Report

Provider ID: 1-560202

Home Name: Florencia Velasquez Bautista,  
CNA

Review ID: 1-560202-19

1027 Pulaa Lane

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/31/2025

Foster Family Home

Required Certificate


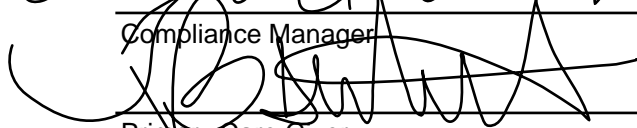
[11-800-6]


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

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

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

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