

Foster Family Home - Deficiency Report

Provider ID: 1-511148

Home Name: Florencio Sandi, CNA

Review ID: 1-511148-18

2240 Wilson Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 9/18/2025

Foster Family Home

Required Certificate

[11-800-6]

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

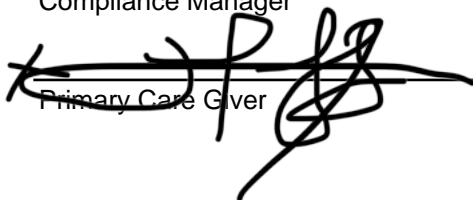
Comment:

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

9/18/25
Date
9/18/25
Date