

Foster Family Home - Deficiency Report

Provider ID: 1-511817

Home Name: Lilia Rafael, CNA

Review ID: 1-511817-20

1744 Kealia Drive

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 11/4/2025

Foster Family Home

Required Certificate


[11-800-6]

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

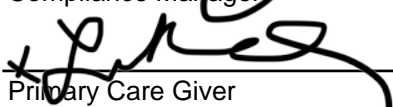
Comment:

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

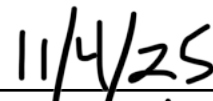
CCFFH met all requirements at the time of the inspection.



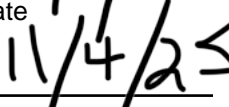
Compliance Manager



Primary Care Giver



Date



Date