

Foster Family Home - Deficiency Report

Provider ID: 1-511289

Home Name: Erlinda Ortal, CNA

Review ID: 1-511289-19

91-1060 Hamana Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 12/2/2025


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.

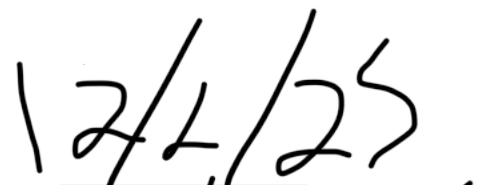
CCFFH met all requirements at the time of the inspection.



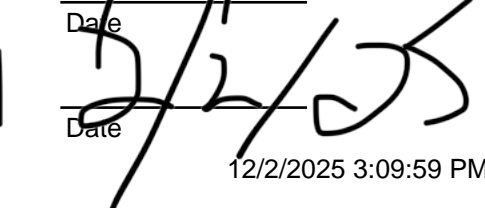
Compliance Manager



Primary Care Giver



Date



Date