

Foster Family Home - Deficiency Report

Provider ID: 1-190061

Home Name: Leonida Calixto, CNA

Review ID: 1-190061-14

3608 Salt Lake Blvd.

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 3/30/2026

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.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 03/30/2026)

**3 Person Fire Safety,
Natural Disaster**


3 Person Fire Safety

(3P) Fire

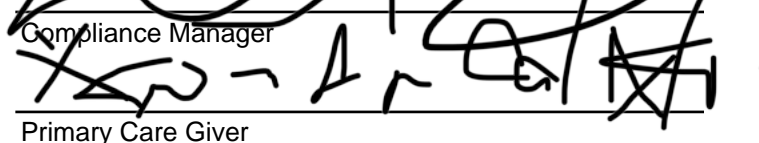
(3P)(b)(1) Fire shall be conducted monthly

Comment:

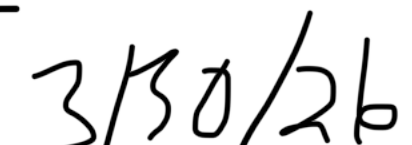
(3P)(b)(1)-Last Fire drill in binder 9/20/2024.



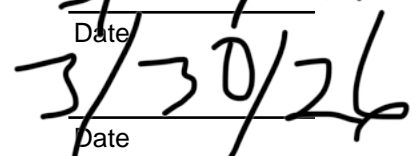
Compliance Manager



Primary Care Giver



Date



Date