

# Foster Family Home - Deficiency Report

Provider ID: 2-210051

Home Name: Charles Sanchez, CNA

Review ID: 2-210051-1

45-542 Pikake Street

Reviewer: Terri Van Houten

Honokaa HI 96727

Begin Date: 7/14/2021

Foster Family Home

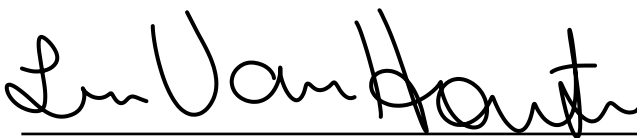

Required Certificate

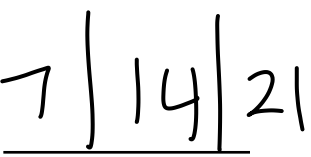
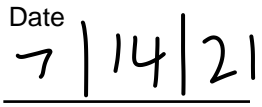
[11-800-6]

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

Comment:

6.(d)(1) – Home inspection made for a PCG Change/new 2 bed CCFFH certification. Home met all compliance requirements at the time of the inspection. No corrective action required.

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

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