

Foster Family Home - Deficiency Report

Provider ID: 1-210053

Home Name: Lovie Chantengco, CNA

Review ID: 1-210053-1

94-440 Kahualei Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 7/15/2021

Foster Family Home

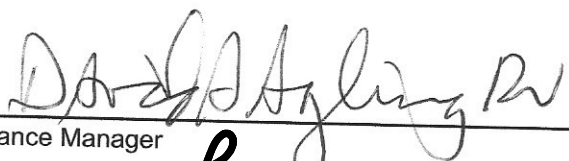
Required Certificate

[11-800-6]

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

Comment:

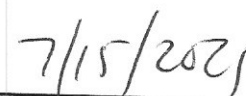
6.(d)(1) - Home inspection for a new 1 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 1 bed certification.


Compliance Manager

Compliance Manager



Primary Care Giver



Date

7/15/2021

Date

7/15/2021 4:02:48 PM