

Foster Family Home - Deficiency Report

Provider ID: 1-633744

Home Name: Aurelia Jacob, CNA

Review ID: 1-633744-10

91-1102 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/3/2021

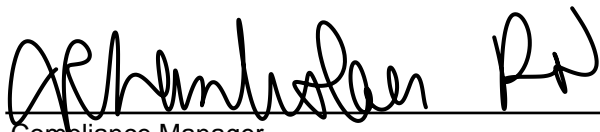
Foster Family Home **Required Certificate** **[11-800-6]**

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

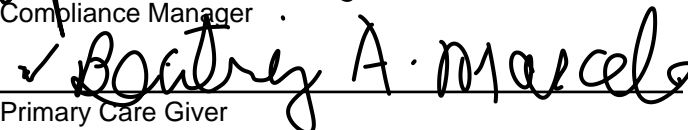
Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

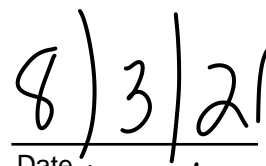
No corrective action required.



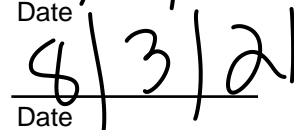
Compliance Manager



Primary Care Giver



Date



Date