

Foster Family Home - Deficiency Report

Provider ID: 1-190094

Home Name: Chelsie N. Villa, CNA

Review ID: 1-190094-5

91-868 Haipu Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/5/2021

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

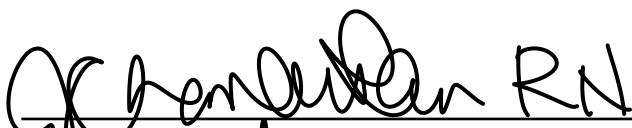
6.(d)(1) Comply with all applicable requirements in this chapter; and

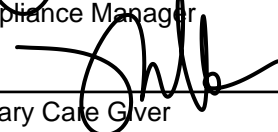
Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

Increase to 3 client home approved for next certification period



Compliance Manager


Primary Care Giver
PCG

10/5/21

Date
10/5/21

Date