

Foster Family Home - Deficiency Report

Provider ID: 1-561317

Home Name: Eduardo Duquez, CNA

Review ID: 1-561317-9

91-1035 Kaiakua Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 9/8/2021

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

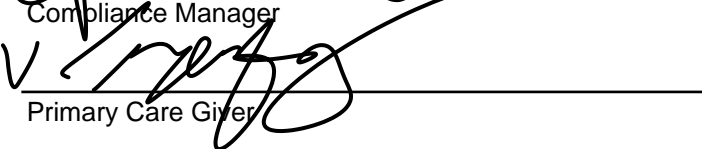
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed recertification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager



Primary Care Giver

9/9/21
Date

9/9/21
Date