

Foster Family Home - Deficiency Report

Provider ID: 1-587793

Home Name: Rebecca Dulatre, CNA

Review ID: 1-587793-13

86-401 Kawili Street

Reviewer: Jackie Chamberlain

Waianae HI 96792


Begin Date: 9/17/2021

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

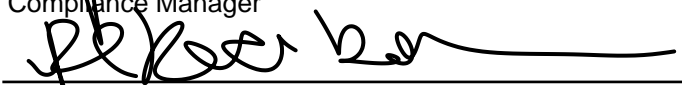
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

9/17/21

Date

9/17/21

Date