

# Foster Family Home - Deficiency Report

Provider ID: 1-190095

Home Name: Guillerma Haber, CNA

Review ID: 1-190095-5

84-549 Nukea Street

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 10/18/2021

Foster Family Home

Required Certificate

[11-800-6]

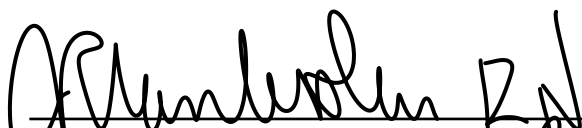
6.(d)(1) Comply with all applicable requirements in this chapter; and

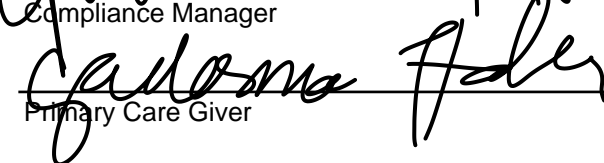
Comment:


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

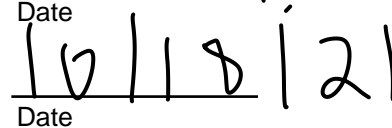
No corrective action required.

CCFFH approved to increase to 3 bed CCFFH at next certification

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date