

Foster Family Home - Deficiency Report

Provider ID: 1-561010

Home Name: Imelda DeJesus, CNA

Review ID: 1-561010-9

91-824 Moneha Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 11/3/2021


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 inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.

 RN

Compliance Manager


Primary Care Giver

11 | 3 | 21

Date
11 | 3 | 21

Date