

Foster Family Home - Deficiency Report

Provider ID: 1-628133

Home Name: Jesusa Guillermo, CNA

Review ID: 1-628133-9

91-870 Haehae 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 1 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.


No Deficiency Report issued.



Compliance Manager



Primary Care Giver



Date



Date