

# Foster Family Home - Deficiency Report

Provider ID: 1-512302

Home Name: Lourdes Macha, CNA

Review ID: 1-512302-9

94-1045 Kaaholo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 10/12/2021


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

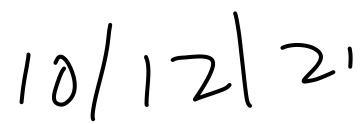
6.(d)(1) Comply with all applicable requirements in this chapter; and

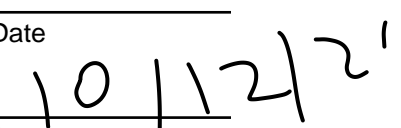
Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date