

# Foster Family Home - Deficiency Report

Provider ID: 1-090078

Home Name: Babylyn Inglis, CNA

Review ID: 1-090078-9

91-1056 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

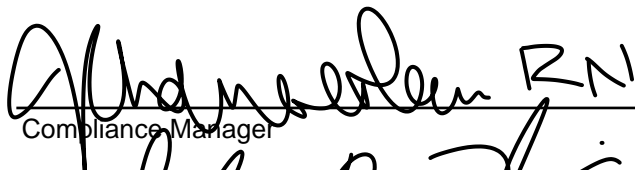
Begin Date: 11/15/2021

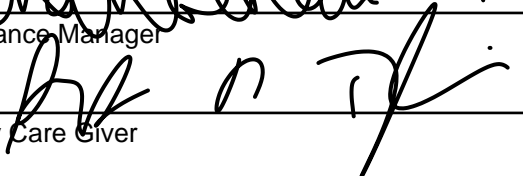
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

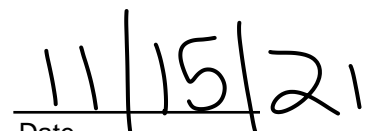
6.(d)(1)      Comply with all applicable requirements in this chapter; and

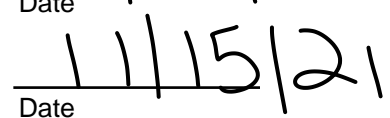
Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.  
CCFFH to voluntarily decrease to 2 bed CCFFH  
CCFFH met all compliance requirements at the time of the CCFFH inspection.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date