

Foster Family Home - Deficiency Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-11

94-1169 Kahuanui Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 11/23/2021

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



Compliance Manager



Primary Care Giver

11/24/21

Date

11/24/21

Date