

Foster Family Home - Deficiency Report

Provider ID: 1-120031

Home Name: Estelita Batoon, CNA

Review ID: 1-120031-11

94-464 Kupuna Loop

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 11/26/2021

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

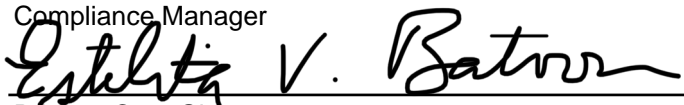
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification.



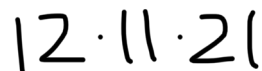
Compliance Manager



Primary Care Giver

11/26/2021

Date



Date