

# Foster Family Home - Deficiency Report

Provider ID: 1-170005

Home Name: Larry Saladino, RN

Review ID: 1-170005-9

91-925 Oloani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/17/2021

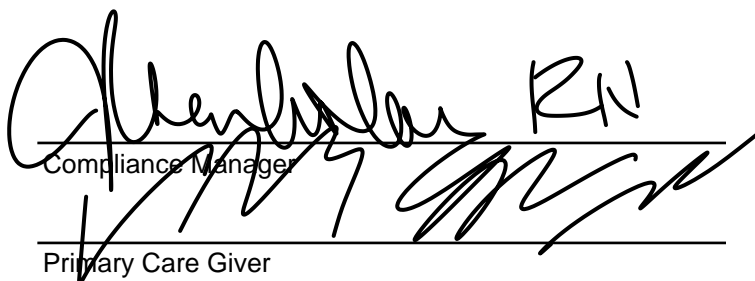

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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 met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

 RN  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

11/17/21  
\_\_\_\_\_  
Date  
11/17/21  
\_\_\_\_\_  
Date