

Foster Family Home - Deficiency Report

Provider ID: 1-190016

Home Name: Leilani Bautista, CNA

Review ID: 1-190016-7

91-866 Hahanui Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/7/2021

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 Deficiency Report issued.

CCFFH requests voluntary decrease to 2 bed


Compliance Manager


Primary Care Giver

12/7/21
Date

12/7/21
Date