

# Foster Family Home - Deficiency Report

Provider ID: 1-190059

Home Name: Anna Joyce Quiambao, CNA

Review ID: 1-190059-6

87-135 A Kaukamana Road

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 3/15/2022

Foster Family Home

Required Certificate


[11-800-6]

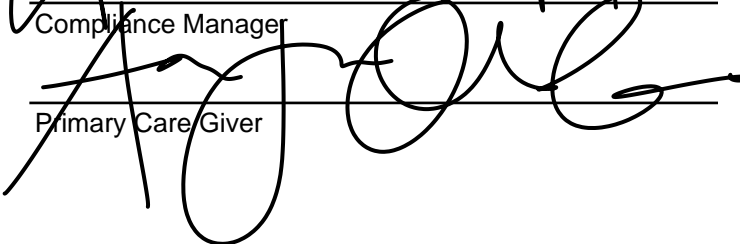
6.(d)(1) Comply with all applicable requirements in this chapter; and

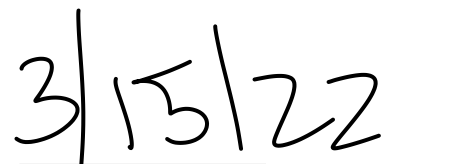
Comment:

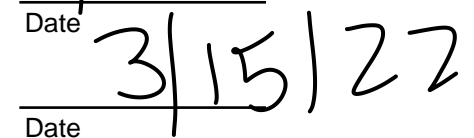
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No Deficiency Report issued.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date