

# Foster Family Home - Deficiency Report

Provider ID: 1-200017

Home Name: Cherry Ann Pinacate, CNA

Review ID: 1-200017-5

94-468 Kalukalu Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/17/2022


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

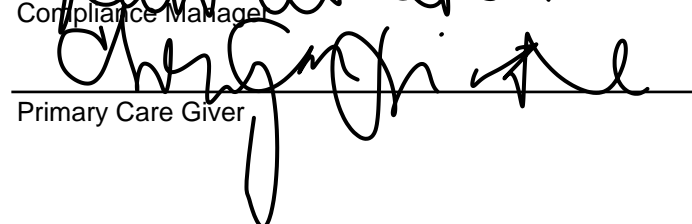
6.(d)(1) Comply with all applicable requirements in this chapter; and

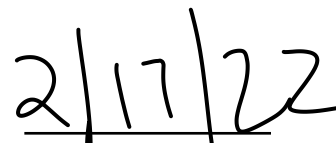
Comment:


6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date