

# Foster Family Home - Deficiency Report

Provider ID: 1-562919

Home Name: Conchita Batoto, CNA

Review ID: 1-562919-13

1050 Wong Lane

Reviewer: Jackie Chamberlain

Honolulu

HI 96817

Begin Date: 12/20/2021

Foster Family Home



Required Certificate

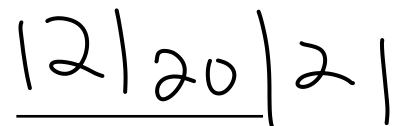
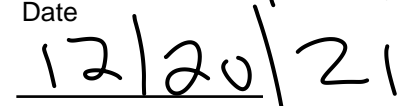
[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date