

Foster Family Home - Deficiency Report

Provider ID: 1-210044

Home Name: Grace Juan, CNA

Review ID: 1-210044-3

91-885 Ma Ke Kula Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/8/2022

Foster Family Home

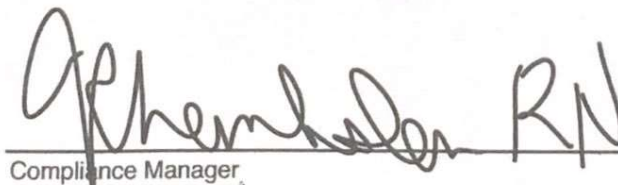
Required Certificate

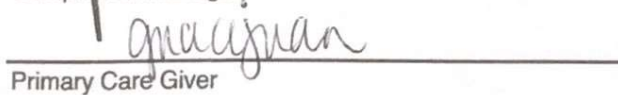
[11-800-6]

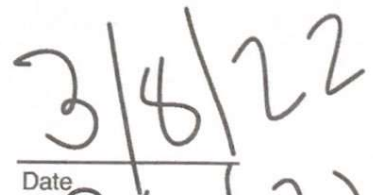
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.

 RN
Compliance Manager


Primary Care Giver


Date


Date