

Foster Family Home Deficiency Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza, CNA

Review ID: 1-160025-12

91-1041 Ma Ke Kula Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/4/2022

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.

*Jackie Chamberlain RN*

Compliance Manager

*Jackie*

Primary Care Giver

*1/4/22*

Date

*1/04/22*

Date