

Foster Family Home - Deficiency Report

Provider ID: 1-090102

Home Name: Janet Funtila, CNA

Review ID: 1-090102-12

94-618 Hiahia Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/24/2022

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

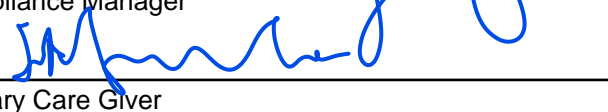
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

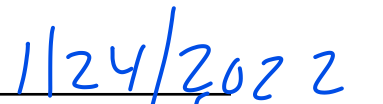
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



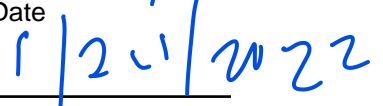
Compliance Manager



Primary Care Giver



Date



Date