

# Foster Family Home - Deficiency Report

Provider ID: 1-210046

Home Name: Jean Siores, CNA

Review ID: 1-210046-3

92-686 Malahuna Loop

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 3/14/2022


Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

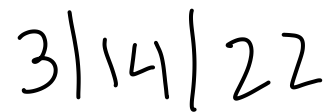
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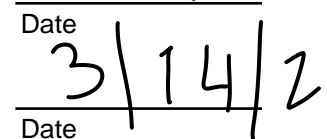
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date