

Foster Family Home - Deficiency Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

Review ID: 1-160096-8

4483 Luaole Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 12/22/2021

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

12/20/21
Date


Primary Care Giver

12/20/21
Date