

Foster Family Home - Deficiency Report

Provider ID: 1-190018

Home Name: Lorena Laforga, CNA

Review ID: 1-190018-6

91-1118 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/20/2021

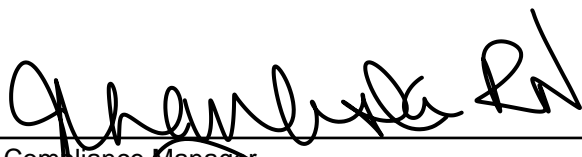
Foster Family Home **Required Certificate** **[11-800-6]**

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


Comment:

6(d)(1) CCFFH inspection made for a 3 bed 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