

Foster Family Home - Deficiency Report

Provider ID: 1-210045

Home Name: Michael Britten, CNA

Review ID: 1-210045-3

91-2026 Kamakana Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/3/2022


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

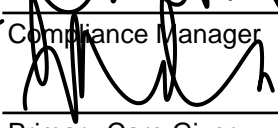
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


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

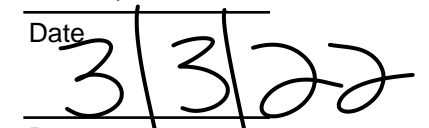
No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date