

Foster Family Home - Deficiency Report

Provider ID: 1-090063

Home Name: Sally Aguinaldo, CNA

Review ID: 1-090063-11

91-1670 Auwaha Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

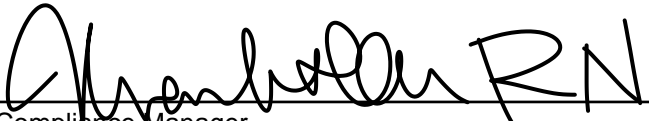
Begin Date: 2/23/2022

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


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

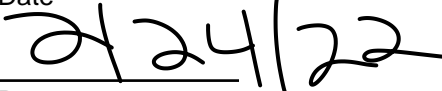
Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.


Compliance Manager


Primary Care Giver


Date


Date