

Foster Family Home - Deficiency Report

Provider ID: 1-120017

Home Name: Shirley Ann Baptista, CNA

Review ID: 1-120017-16

1153 Kaweloka Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/23/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, CW *12/23/2021*

Compliance Manager

Date

Bryson

12/23/2021

Primary Care Giver

Date