

Foster Family Home - Deficiency Report

Provider ID: 1-200013

Home Name: Shyrl Ann Borce, NA

Review ID: 1-200013-5

91-1601 Kaukolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/4/2022


Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

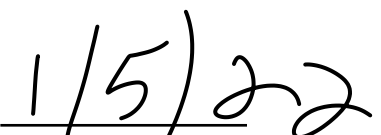
Comment:

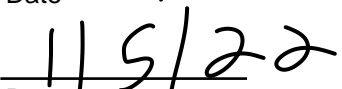
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No Deficiency Report issued.


Compliance Manager


Primary Care Giver


Date


Date