

Foster Family Home - Deficiency Report

Provider ID: 1-562258

Home Name: Evelyn Argel, CNA

Review ID: 1-562258-14

94-443 Hamau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

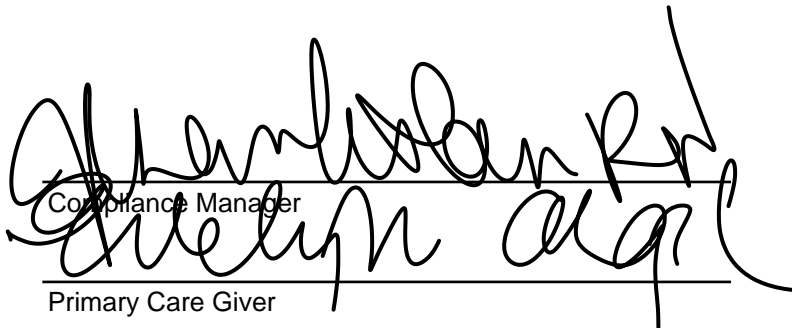
Begin Date: 3/30/2022

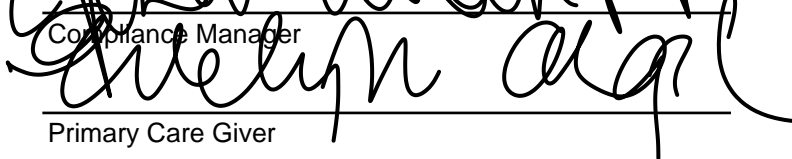
Foster Family Home **Required Certificate** **[11-800-6]**

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

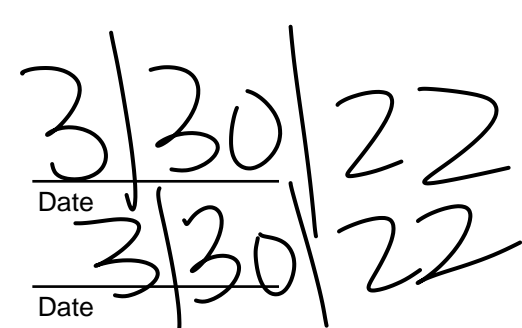
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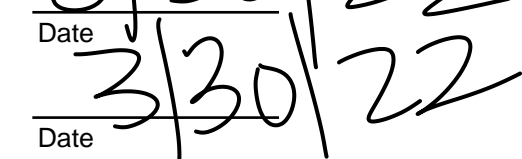
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date