

Foster Family Home - Deficiency Report

Provider ID: 1-090054

Home Name: Florante Solis, CNA

Review ID: 1-090054-10

94-227 Loaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/19/2022


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.



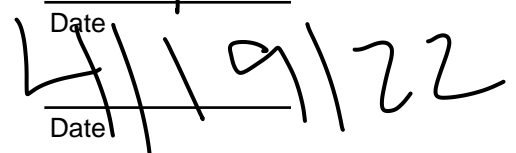
Compliance Manager



Date



Primary Care Giver



Date