

Foster Family Home - Deficiency Report

Provider ID: 1-100028

Home Name: Gemma Bautista, CNA

Review ID: 1-100028-11

94-428 Kuahui Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/29/2022


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.

No Deficiency Report issued.



Compliance Manager


Primary Care Giver

4/5/22

Date
4/5/22

Date