

Foster Family Home - Deficiency Report

Provider ID: 1-623000

Home Name: Joanne Baysa, CNA

Review ID: 1-623000-10

94-1123 Halelehua Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

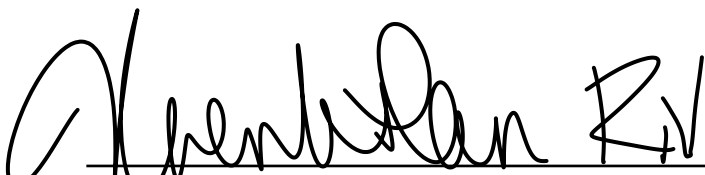
Begin Date: 3/30/2022


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

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

Comment:

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

4/5/22

Date
4/5/22

Date