## Foster Family Home - Deficiency Report

Provider ID: 1-130035

Home Name: Ricky Mericle, CNA

Review ID: 1-130035-13

91-802 Haiamu Street

Reviewer:

Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date:

4/6/2022

**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.

npliance Manager

Primary Care Giver

46/22

Date

4/6/22

Date