

# Foster Family Home - Deficiency Report

Provider ID: 1-200028

Home Name: Rosalie Ordinado, CNA

Review ID: 1-200028-5

91-824 Kehue Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/31/2022

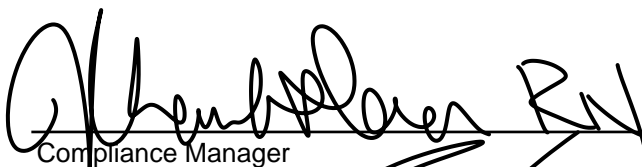
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

CCFFH increase to 3 client approved this inspection

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/18/22  
\_\_\_\_\_  
Date  
3/18/22  
\_\_\_\_\_  
Date