

# Foster Family Home - Deficiency Report

Provider ID: 1-170050

Home Name: Antonio Rivera Jr, CNA

Review ID: 1-170050-10

45-1117 Cobb Road

Reviewer: Jackie Chamberlain

Kaneohe HI 96744

Begin Date: 6/3/2022

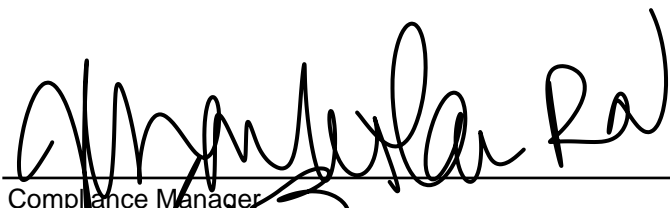
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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


Comment:

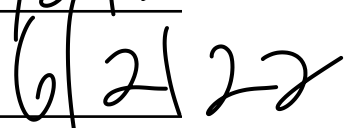
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No Deficiency Report issued.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date