

Foster Family Home - Deficiency Report

Provider ID: 1-634362

Home Name: Angelita Sardena, CNA

Review ID: 1-634362-12

94-580 Kupuna Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/20/2022

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 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

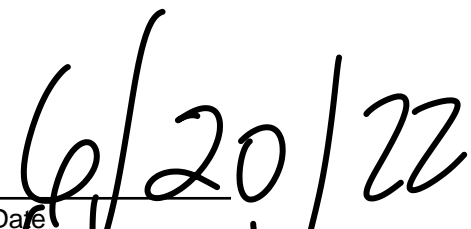
No corrective action required.



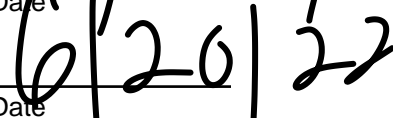
Compliance Manager



Primary Care Giver



Date



Date