

Foster Family Home - Deficiency Report

Provider ID: 1-210065

Home Name: Faye L. Calip, CNA

Review ID: 1-210065-3

94-144 Kaaholo Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/21/2022


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

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

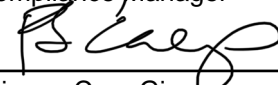
Comment:

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


}



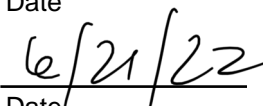
Compliance Manager



Primary Care Giver



Date



Date