

Foster Family Home - Deficiency Report

Provider ID: 1-635336

Home Name: Maria Peretz, CNA

Review ID: 1-635336-14

91-1124 Kaimalie Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 6/26/2022

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

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

Comment:

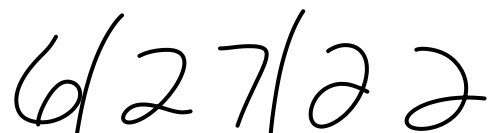
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.



Compliance Manager

Compliance Manager

Primary Care Giver



Date

Date

Date