

Foster Family Home - Deficiency Report

Provider ID: 1-516023

Home Name: Arlene Hanks, CNA

Review ID: 1-516023-12

44-124 Mikiola Drive

Reviewer: Deborah Baumgart

Kaneohe

HI 96744

Begin Date: 7/29/2022

Foster Family Home

Required Certificate


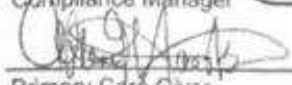
[11-800-6]

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.


Compliance Manager

Primary Care Giver

7/29/22
Date
7/29/22
Date