

Foster Family Home - Deficiency Report

Provider ID: 1-190094

Home Name: Chelsie N. Villa, CNA

Review ID: 1-190094-7

91-868 Haipu Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/9/2022

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.

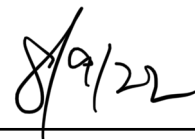
CCFFH requested to decrease from 3 beds to 2 beds certification.



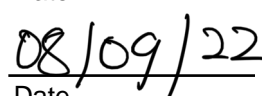
Compliance Manager



Primary Care Giver



Date



Date