

Foster Family Home - Deficiency Report

Provider ID: 1-180069

Home Name: Almira Shibata, NA

Review ID: 1-180069-9

94-402 Hamau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/15/2022


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

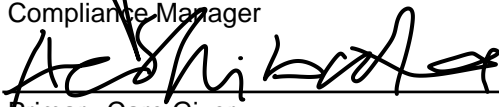
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6(d)(1) CCFFH inspection made for a 2 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