

Foster Family Home - Deficiency Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN

Review ID: 1-511114-12

1428 Kaumoli Place

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 7/13/2022

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

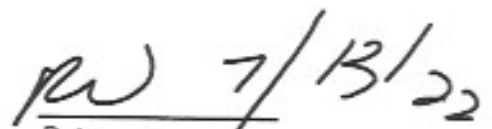
6.(d)(1) Comply with all applicable requirements in this chapter; and

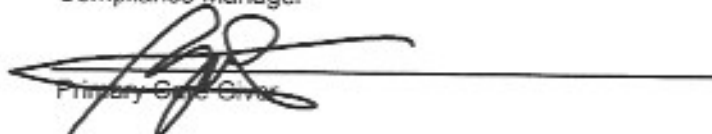
Comment:

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

CCFFH is in compliance with all requirements.


Compliance Manager


Date 7/13/22


Primary Site Owner

Date 7/13/22