

# Foster Family Home - Deficiency Report

Provider ID: 1-100008

Home Name: Janet Barrios, CNA

Review ID: 1-100008-15

94-408 Ikepono Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/3/2022


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

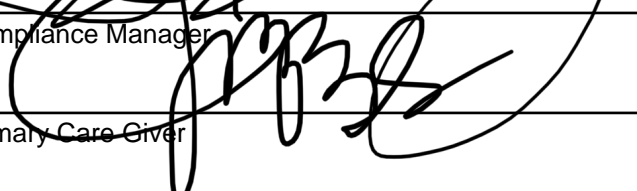
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

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

CCFFH is in compliance with all requirements.

X  \_\_\_\_\_  
Compliance Manager

 \_\_\_\_\_  
Primary Care Giver

10/3/22  
\_\_\_\_\_  
Date

10/3/22  
\_\_\_\_\_  
Date