

Foster Family Home - Deficiency Report

Provider ID: 1-180071

Home Name: Lily Ann Austria, CNA

Review ID: 1-180071-9

91-1068 Koka Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

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

Comment:

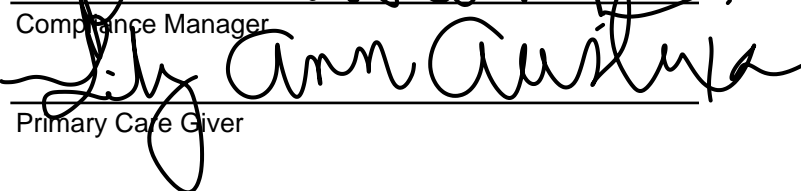
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager

10/4/22
Date



Primary Care Giver

10/4/22
Date