

# Foster Family Home - Deficiency Report

Provider ID: 1-210082

Home Name: Riahlynne R. Diaros, RN

Review ID: 1-210082-3

94-444 Kuahui Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/30/2022


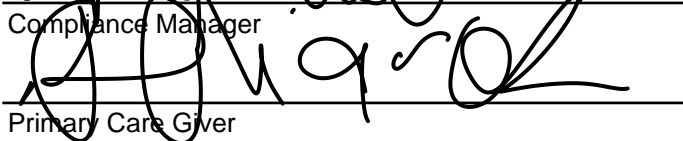
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

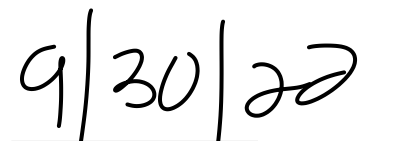
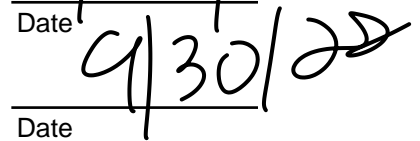
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date