

Foster Family Home - Deficiency Report

Provider ID: 1-560434

Home Name: Thelma Ortal, CNA

Review ID: 1-560434-12

94-1079 Kaaholo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/30/2022


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

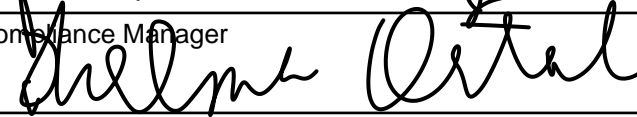
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 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

9/30/22

Date
9/30/22

Date