

Foster Family Home - Deficiency Report

Provider ID: 1-200062

Home Name: Janice Cadiante, RN

Review ID: 1-200062-5

1031 Gulick Avenue

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 9/20/2022

Foster Family Home

Required Certificate

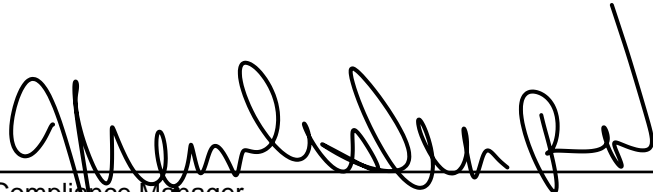
[11-800-6]

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 inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.


Application for 3 bed CCFFH accepted and approved



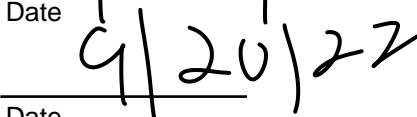
Compliance Manager



Primary Care Giver



Date



Date