

Foster Family Home - Deficiency Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

Review ID: 1-100015-17

91-1344 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/22/2022


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 criteria at the time of inspection

No Deficiency Report issued



Compliance Manager



Primary Care Giver

9/22/22

Date

9/22/22

Date