

Foster Family Home - Deficiency Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

Review ID: 1-562430-13

94-288 Kahuanani Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/30/2022


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

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

Comment:

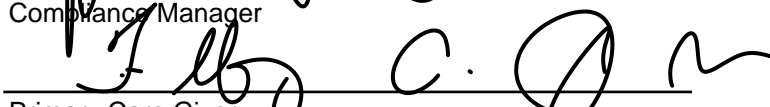
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager

11/30/22
Date



Primary Care Giver

11/30/22
Date