

# Foster Family Home - Deficiency Report

Provider ID: 1-561010

Home Name: Imelda DeJesus, CNA

Review ID: 1-561010-11

91-824 Moneha Place

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 11/1/2022


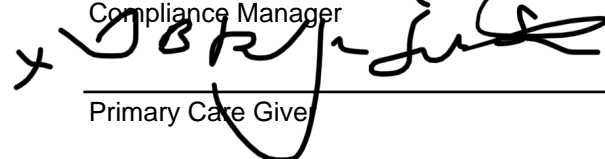
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

11/1/22  
\_\_\_\_\_  
Date  
11/1/22  
\_\_\_\_\_  
Date