

# Foster Family Home - Deficiency Report

Provider ID: 1-589343

Home Name: Jane Cutaran, CNA

Review ID: 1-589343-11

94-344 Lehopulu Street

Reviewer: Po Lim

Waipahu HI 96797

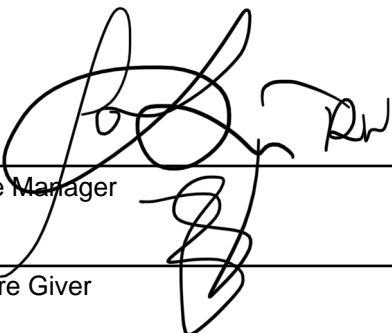
Begin Date: 11/4/2022


**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 recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

11/4/22  
Date

11/4/22  
Date