

# Foster Family Home - Deficiency Report

Provider ID: 4-200025

Home Name: Jennyfer Damian, NA

Review ID: 4-200025-6

372 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/6/2022

Foster Family Home	Required Certificate	[11-800-6]
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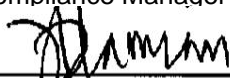
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

  
Primary Care Giver

10/6/22

Date

10/7/22

Date