

Foster Family Home - Deficiency Report

Provider ID: 1-562125

Home Name: Josette Falle, NA

Review ID: 1-562125-14

99-501 Kaholi Place

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 10/11/2022


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 compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager


Primary Care Giver

10/11/22

Date
10/11/22

Date