

Foster Family Home - Deficiency Report

Provider ID: 1-190018

Home Name: Lorena Laforga, CNA

Review ID: 1-190018-8

91-1118 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 11/17/2022

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 annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.



Compliance Manager



Primary Care Giver

11/17/22
Date

11/17/22
Date