

Foster Family Home - Deficiency Report

Provider ID: 1-120015

Home Name: Mona Nicolas, CNA

Review ID: 1-120015-14

94-174 Kupuna Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 10/10/2022

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 re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager



Primary Care Giver

10/10/22

Date

10/10/22

Date