

Foster Family Home - Deficiency Report

Provider ID: 1-160100

Home Name: Virgilina Cortez, CNA

Review ID: 1-160100-9

99-017 Kauhale Street

Reviewer: Jackie Chamberlain

Aiea HI 96701

Begin Date: 10/12/2022

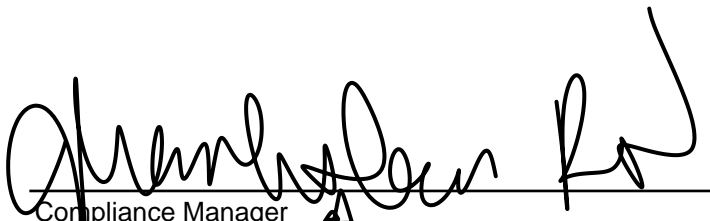
Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

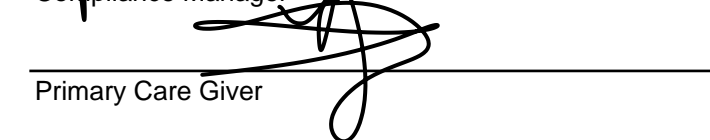
Comment:

6(d)(1) CCFFH inspection made for a 1 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

10/12/22
Date

10/12/22
Date