

Foster Family Home - Deficiency Report

Provider ID: 1-634396

Home Name: Adela R. Corpuz, CNA

Review ID: 1-634396-17

94-252 Kipou Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

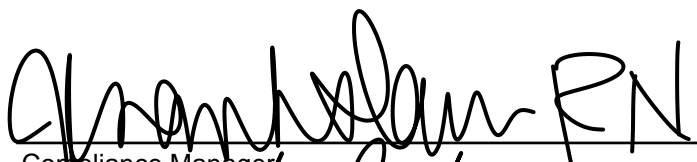
Begin Date: 5/4/2023

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. No plan of correction required.



Compliance Manager

5/5/23

Date



Primary Care Giver

5/5/23

Date