

Foster Family Home - Deficiency Report

Provider ID: 1-561929

Home Name: Andrea Abad, CNA

Review ID: 1-561929-14

94-685 Kalae Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/1/2023

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

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

Comment:

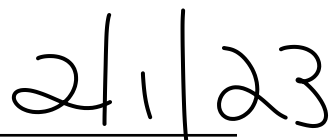
6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



Compliance Manager



Primary Care Giver



Date



Date