

Foster Family Home - Deficiency Report

Provider ID: 1-613423

Home Name: Elizabeth Pastor, CNA

Review ID: 1-613423-12

94-419 Kiolena Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/20/2023

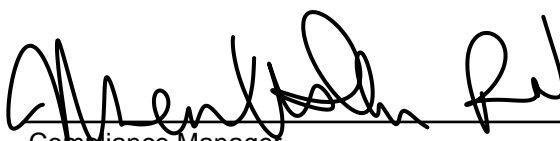
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

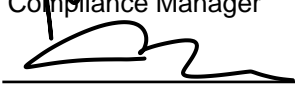
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.



Compliance Manager

Date 1/20/23



Primary Care Giver

Date 1/20/23