

# Foster Family Home - Deficiency Report

Provider ID: 1-100028

Home Name: Gemma Bautista, CNA

Review ID: 1-100028-14

94-1258 Kahuaina Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/15/2023



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

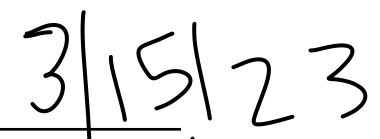
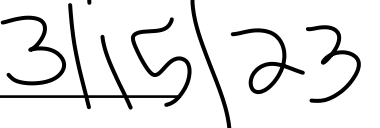
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date