

Foster Family Home - Deficiency Report

Provider ID: 1-518730

Home Name: Gina Oen-Mitchell, NA

Review ID: 1-518730-14

91-959 Mailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 4/17/2023

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

4/18/23

Date

4/18/23

Date