

# Foster Family Home - Deficiency Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-13

45-357 Lehuuila Street

Reviewer: Jackie Chamberlain

Kaneohe HI 96744

Begin Date: 3/7/2023



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

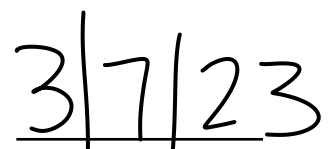
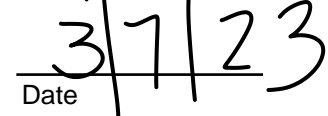
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

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