

Foster Family Home - Deficiency Report

Provider ID: 1-210044

Home Name: Grace Juan, CNA

Review ID: 1-210044-5

91-885 Ma Ke Kula Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

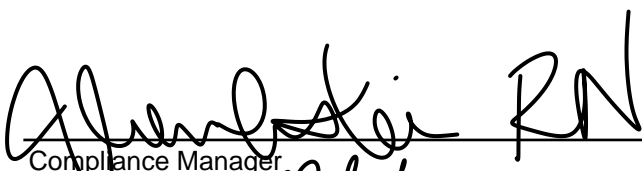

Begin Date: 2/8/2023

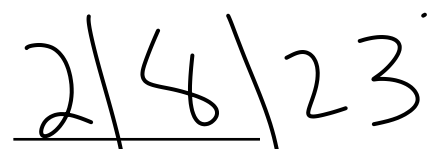

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

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
v 
Primary Care Giver


Date

Date