

Foster Family Home - Deficiency Report

Provider ID: 1-190023

Home Name: Gretchen Bondoc, RN

Review ID: 1-190023-8

94-322 Haaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 2/1/2023

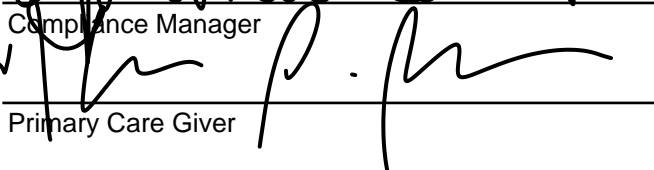
Foster Family Home **Required Certificate** **[11-800-6]**

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


Comment:

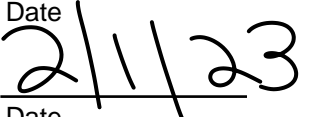
6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



Compliance Manager


Primary Care Giver



Date


Date