

Foster Family Home - Deficiency Report

Provider ID: 1-230024

Home Name: Jenny Andres, RN

Review ID: 1-230024-1

94-1003 Kuakolu Place

Reviewer: David Ayling

Waipahu HI 96797

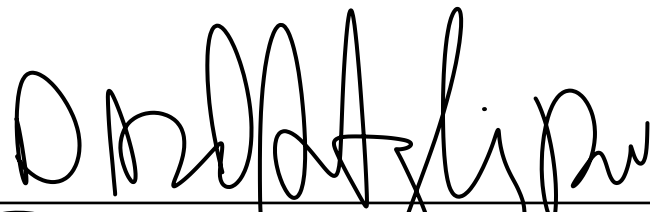
Begin Date: 3/30/2023

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

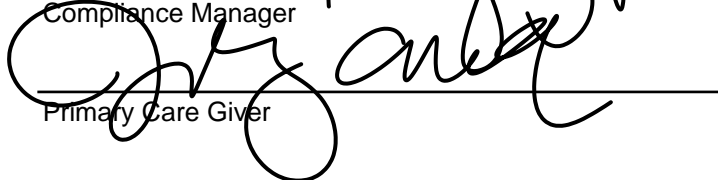
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

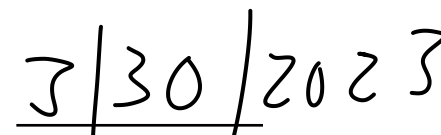
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



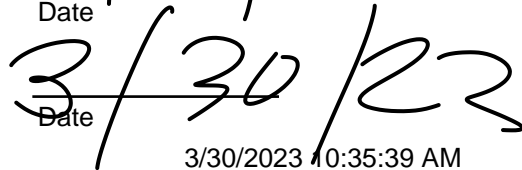
Compliance Manager



Primary Care Giver



Date



Date

3/30/2023 10:35:39 AM