

# Foster Family Home - Deficiency Report

Provider ID: 1-562729

Home Name: Jhanette Navarrete, CNA

Review ID: 1-562729-11

91-610 Kilipoe Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 2/24/2023

Foster Family Home

Required Certificate

[11-800-6]

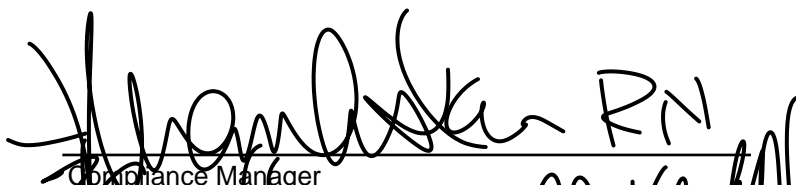
6.(d)(1) Comply with all applicable requirements in this chapter; and

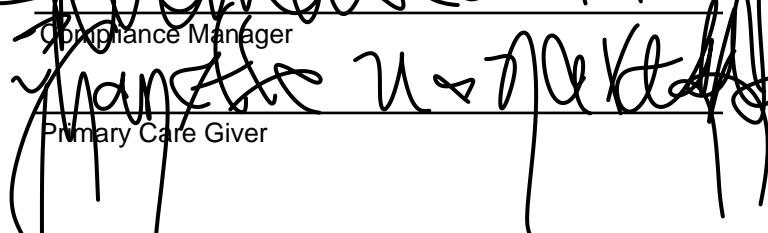
Comment:

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.

Application to increase to 3 bed approved

  
Compliance Manager  
Date 2/24/23

  
Primary Care Giver  
Date 2/24/23