

Foster Family Home - Deficiency Report

Provider ID: 1-200015

Home Name: Juliet Morada-Leano, CNA

Review ID: 1-200015-8

94-745 Kalae Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/24/2023


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 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

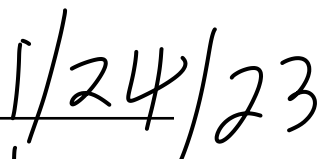
No plan of correction required.



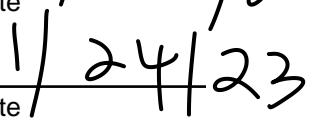
Compliance Manager



Primary Care Giver



Date



Date