

Foster Family Home - Deficiency Report

Provider ID: 1-180046

Home Name: Love Joy Madrid, CNA

Review ID: 1-180046-11

91-129 Apuu Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/2/2023

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 annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



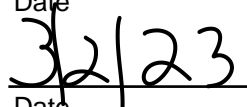
Compliance Manager



Primary Care Giver



Date



Date