

Foster Family Home - Deficiency Report

Provider ID: 1-100007

Home Name: Marivel Billete, CNA

Review ID: 1-100007-17

91-1031 Makaike Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/4/2023

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.



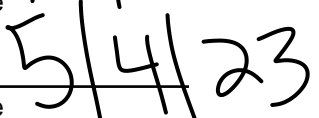
Compliance Manager



Primary Care Giver



Date



Date