

Foster Family Home - Deficiency Report

Provider ID: 1-210045

Home Name: Michael Britten, CNA

Review ID: 1-210045-5

91-2026 Kamakana Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

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:

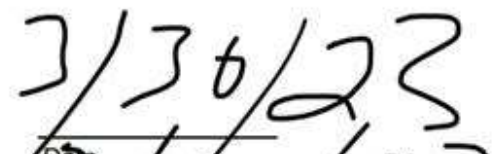
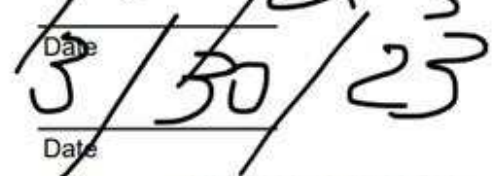
6.d.1- Home visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

PCG (CG#1) requests to increase from a 2-bed CCFFH to a 3-bed CCFFH.


Compliance Manager

Primary Care Giver


Date

Date