

Foster Family Home - Deficiency Report

Provider ID: 1-200028

Home Name: Rosalie Ordinado, CNA

Review ID: 1-200028-7

91-824 Kehue Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/6/2023

| Foster Family Home | Required Certificate | [11-800-6] |
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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

2/6/23
Date
2/6/23
Date