

Foster Family Home - Deficiency Report

Provider ID: 1-561391

Home Name: Susan Intong, CNA

Review ID: 1-561391-14

91-750 Oneula Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

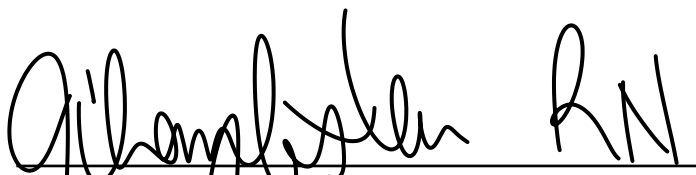
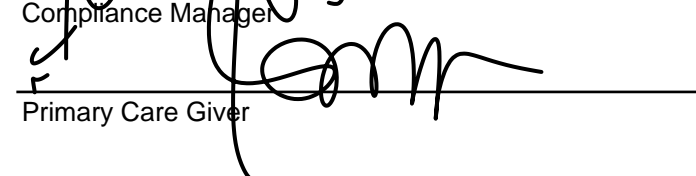
Begin Date: 3/28/2023

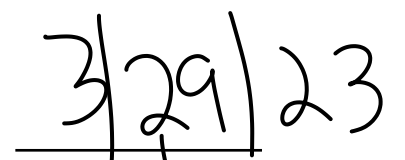

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed 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