

# Foster Family Home - Deficiency Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

Review ID: 1-563751-10

94-1067 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/13/2021

Foster Family Home


Required Certificate


[11-800-6]

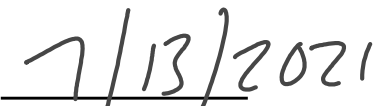
6.(d)(1) Comply with all applicable requirements in this chapter; and

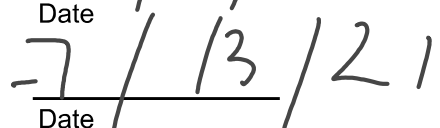
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date