

# Foster Family Home - Deficiency Report

Provider ID: 1-563975

Home Name: Jeanette Liggayu, CNA

Review ID: 1-563975-14

91-1267 Hoopio Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 6/7/2023

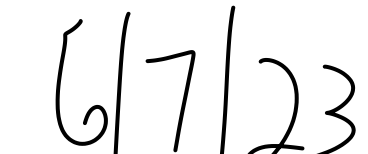
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date