

Foster Family Home - Deficiency Report

Provider ID: 1-562729

Home Name: Jhanette Navarrete, CNA

Review ID: 1-562729-9

91-610 Kilipoe Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/12/2022

Foster Family Home


Required Certificate

[11-800-6]

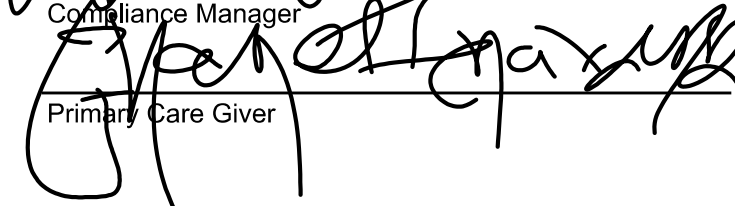
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

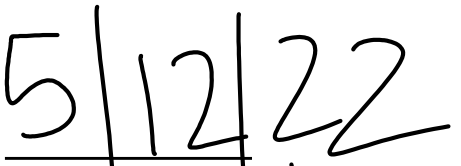
6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



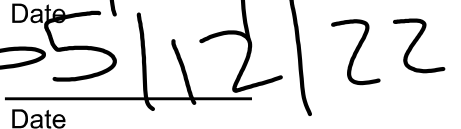
Compliance Manager



Primary Care Giver



Date



Date