

# Foster Family Home - Deficiency Report

Provider ID: 2-632887

Home Name: Michelle Champion, CNA

Review ID: 2-632887-12

14-3433 Nanawale Boulevard

Reviewer: David Ayling

Pahoa HI 96778

Begin Date: 3/15/2023

Foster Family Home


Required Certificate

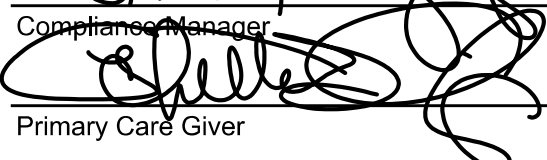
[11-800-6]

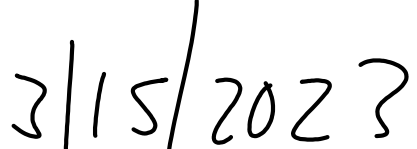
6.(d)(1) Comply with all applicable requirements in this chapter; and

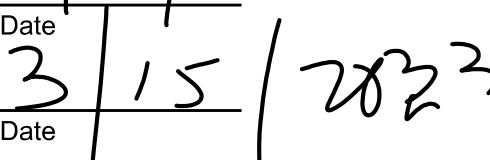
Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification. CCFFH currently has only 1 patient.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date