

Foster Family Home - Deficiency Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

Review ID: 1-160001-13

41-532 Inoaole Street

Reviewer: Ryan Nakamua

Waimanalo HI 96795

Begin Date: 10/25/2023

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

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

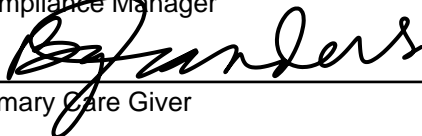
Comment:

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

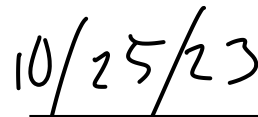
PCG voluntarily decided to reduce from 3 bed to 2 bed CCFFH.



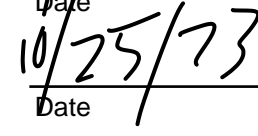
Compliance Manager



Primary Care Giver



Date



Date