

Foster Family Home - Deficiency Report

Provider ID: 1-589343

Home Name: Jane Cutaran, CNA

Review ID: 1-589343-13

94-344 Lehopulu Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/8/2023

Foster Family Home

Required Certificate


[11-800-6]

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

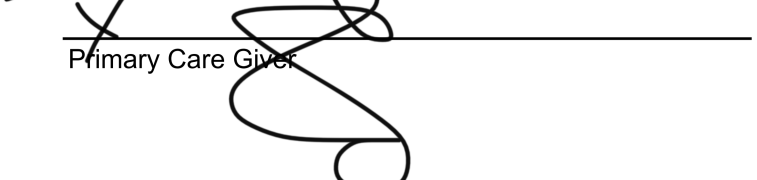
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

12/8/23

Date

12/8/23

Date