

# Foster Family Home - Deficiency Report

Provider ID: 1-210044

Home Name: Grace Juan, CNA

Review ID: 1-210044-7

91-885 Ma Ke Kula Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/5/2024

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

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

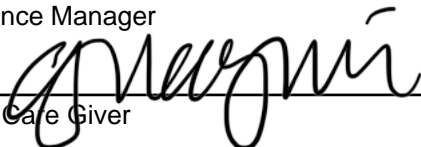
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Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



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



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



\_\_\_\_\_  
Date



\_\_\_\_\_  
Date