

Foster Family Home - Deficiency Report

Provider ID: 1-210046

Home Name: Jean Siores, CNA

Review ID: 1-210046-7

92-686 Malahuna Loop

Reviewer: Po Lim

Kapolei HI 96707


Begin Date: 3/7/2024

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

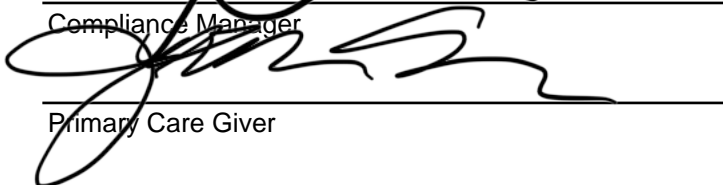
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

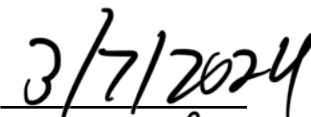
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



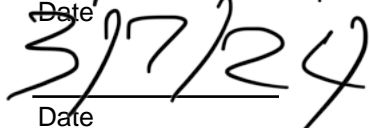
Compliance Manager



Primary Care Giver



Date



Date