

# Foster Family Home - Deficiency Report

Provider ID: 1-110079

Home Name: Janet Bautista, NA

Review ID: 1-110079-18

91-853 Oama Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/12/2024

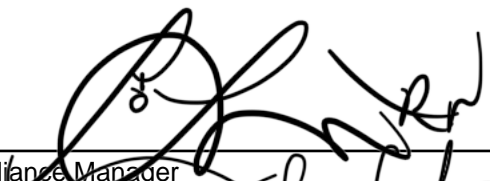
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

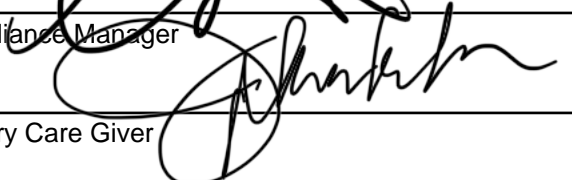
6.(d)(1) Comply with all applicable requirements in this chapter; and

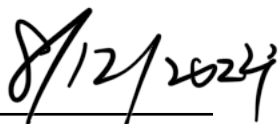
-----  
Comment:

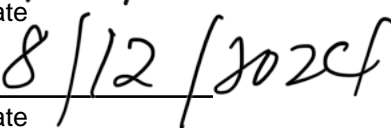
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date