

Foster Family Home - Deficiency Report

Provider ID: 1-240057

Home Name: Jane Bautista, CNA

Review ID: 1-240057-1

91-941 Oloani Street

Reviewer: David Ayling

Ewa Beach HI 96706

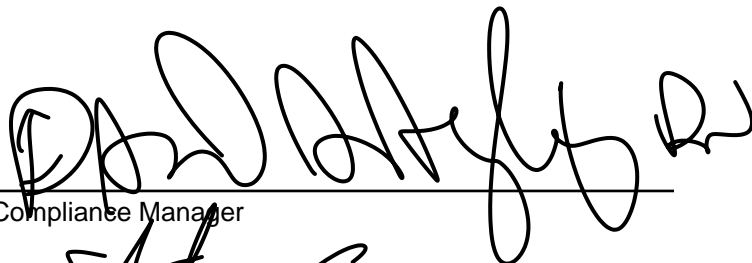
Begin Date: 8/19/2024

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


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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



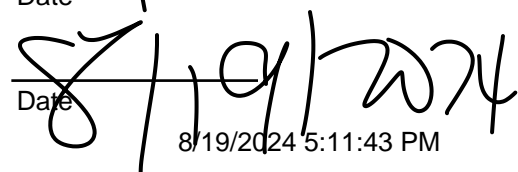
Compliance Manager



Primary Care Giver



Date



Date

8/19/2024 5:11:43 PM