

# Foster Family Home - Deficiency Report

Provider ID: 1-180050

Home Name: Emisel Guittap, CNA

Review ID: 1-180050-5

94-770 Kupuohi Street

Reviewer: David Ayling

Waipahu HI 96797

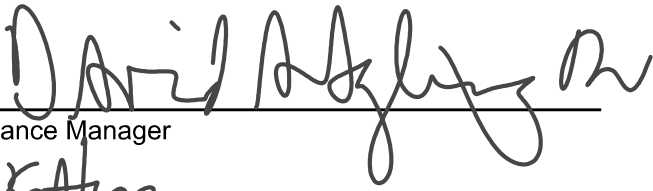
Begin Date: 7/14/2021

**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 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

7/14/2021

Date

7/11/2021

Date