

Foster Family Home - Deficiency Report

Provider ID: 1-170042

Home Name: Jesusa Miguel, CNA

Review ID: 1-170042-8

94-1591 Waipahu Street #C

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/22/2021

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 3 person CCFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.


Compliance Manager,

7/22/2021
Date


Primary Care Giver

7/22/21
Date