

# Foster Family Home - Deficiency Report

Provider ID: 1-180066

Home Name: Josefina Clare Briones, CNA

Review ID: 1-180066-6

94-249 Paiwa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 7/26/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

*Maribel Nakamine, MS* 7/26/2021

Compliance Manager

Date

*[Signature]*  
Primary Care Giver

Date

7/26/2021