

Foster Family Home - Deficiency Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-11

94-493 Hiwahiwa Way

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/29/2021


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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.



Compliance Manager



Primary Care Giver

7/30/21

Date

7/30/21

Date