

Foster Family Home - Deficiency Report

Provider ID: 1-563595

Home Name: Juliana Aguinaldo, CNA

Review ID: 1-563595-10

99-143 Kalaloa Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 8/6/2021

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 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RC

8/6/2021

Compliance Manager

Date

Juliana Aguinaldo

8/6/2021

Primary Care Giver

Date