

Foster Family Home - Deficiency Report

Provider ID: 1-110078

Home Name: Jane Fernandez, CNA

Review ID: 1-110078-15

94-1205 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/16/2021

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 3 person CCFFH completed.

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

Maribel Nakamine, RN 8/16/2021

Compliance Manager

Date

[Signature]

Primary Care Giver

8/16/2021

Date