

Foster Family Home - Deficiency Report

Provider ID: 1-562513

Home Name: Carina Aguilar, CNA

Review ID: 1-562513-11

94-1356 Waipahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/7/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

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

Maribel Nakamine, CW 10/7/2021
Compliance Manager Date
[Signature] 10/7/2021
Primary Care Giver Date