

Foster Family Home - Deficiency Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-11

94-430 Kahualoa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/9/2021

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 3 bed certification.

Maribel Nakamine *9/9/2021*

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

9/9/2021