

# Foster Family Home - Deficiency Report

Provider ID: 1-510728

Home Name: Esmeralda Laxamana, CNA

Review ID: 1-510728-10

94-472 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/9/2021

**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 2 bed certification.

  
\_\_\_\_\_  
Compliance Manager

11/9/2021  
Date

  
\_\_\_\_\_  
Primary Care Giver

11/9/2021  
Date