

Foster Family Home - Deficiency Report

Provider ID: 1-180094

Home Name: Joy Calma, CNA

Review ID: 1-180094-7

94-734 Kaiao 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 3 bed certification.

Maribel Nakamine, M *11/9/2021*

Compliance Manager

Date

Joy Calma

Primary Care Giver

11/9/2021

Date