

Foster Family Home - Deficiency Report

Provider ID: 1-561929

Home Name: Andrea Abad, CNA

Review ID: 1-561929-12

94-685 Kalae Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/15/2022

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, M *2/15/22*

Compliance Manager

Date

Andrea Abad

Primary Care Giver

2/15/22

Date