

# Foster Family Home - Deficiency Report

Provider ID: 1-510273

Home Name: Edwin Koh, RN

Review ID: 1-510273-7

94-229 Moena Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/28/2021


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

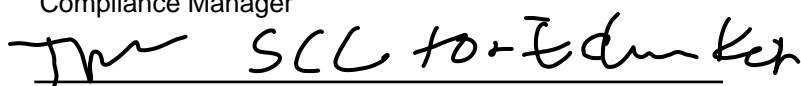
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certificate.

  
Compliance Manager      12/28/2021  
Date

  
Primary Care Giver      12/28/2021  
Date