

Foster Family Home - Deficiency Report

Provider ID: 1-100002

Home Name: Janet Sugui, CNA

Review ID: 1-100002-11

339 Iliwai Drive

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 1/14/2022

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 annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

Maribel Nakamine, M

Compliance Manager

1/14/2022

Date

[Signature]

Primary Care Giver

1/14/2022

Date