

Foster Family Home - Deficiency Report

Provider ID: 1-150049

Home Name: Jomar M. Espiritu, CNA

Review ID: 1-150049-9

94-392 Kuahui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/10/2022


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

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

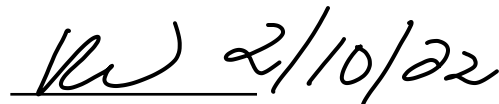
Comment:

6.d.1- Unannounced recertification inspection conducted.


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



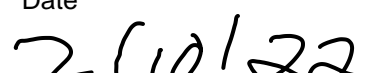
Compliance Manager



Date



Primary Care Giver



Date