

Foster Family Home - Deficiency Report

Provider ID: 1-120024

Home Name: Judith Sanchez, CNA

Review ID: 1-120024-13

94-231 Kiaha Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 3/10/2022

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 annual inspection conducted. No deficiencies noted.

CCFFH is in compliance with all requirements.

Maribel Nakamine, RN 3/10/22
Compliance Manager Date
J Sanchez 3/10/22
Primary Care Giver Date