

Foster Family Home - Deficiency Report

Provider ID: 1-572538

Home Name: Nenita Gouveia, CNA

Review ID: 1-572538-11

94-573 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/5/2022

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.

Maribel Nakamine, RW 1/5/2022
Compliance Manager Date

Renya Gouveia 1/5/2022
Primary Care Giver Date