

# Foster Family Home - Deficiency Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

Review ID: 1-110052-12

1919 Beckley Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 4/21/2022

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.

*Maribel Nakamine, RST 4/21/22*

Compliance Manager

Date

*J. Daga*

Primary Care Giver

*4/21/22*

Date