

Foster Family Home - Deficiency Report

Provider ID: 1-598667

Home Name: Jovedelin Suniga, CNA

Review ID: 1-598667-9

1141 Kaili Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 4/19/2022

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, R 4/19/22

Compliance Manager

Date

[Signature]

Primary Care Giver

4/19/22

Date