

Foster Family Home - Deficiency Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-11

1623 Hoonipo Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 5/9/2022

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, RN 5/9/22
Compliance Manager Date

[Signature] 5/9/22
Primary Care Giver Date