

# Foster Family Home - Deficiency Report

Provider ID: 1-160027

Home Name: Jennifer Guillermo, CNA

Review ID: 1-160027-9

94-823 Lumikuke Loop

Reviewer: Deborah Baumgart

Waipahu HI 96797


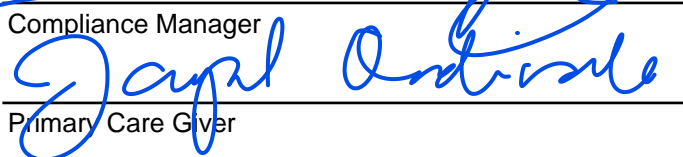
Begin Date: 5/25/2022


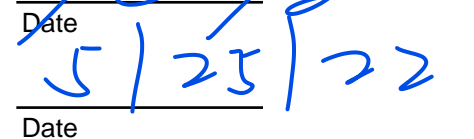
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Unannounced annual inspection conducted. No deficiencies found. CCFFH is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date