

Foster Family Home - Deficiency Report

Provider ID: 1-170011

Home Name: Jerry G. Nacion Jr., CNA

Review ID: 1-170011-8

99-104 Puakala Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 5/6/2022

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 2-bed certification.

Maribel Nakamine, Pa

Compliance Manager

5/6/22

Date

[Signature]

Primary Care Giver

5/6/22

Date