

# Foster Family Home - Deficiency Report

Provider ID: 1-170042

Home Name: Jesusa Miguel, CNA

Review ID: 1-170042-10

94-1591 Waipahu Street #C

Reviewer: Po Lim

Waipahu HI 96797


Begin Date: 5/23/2022

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

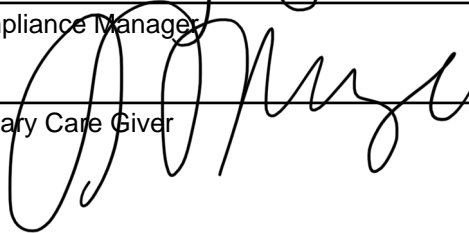
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

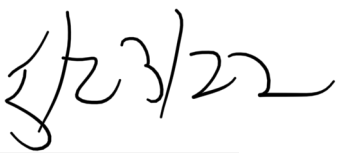
6(d)(1) Unannounced recertification or annual inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



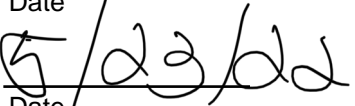
Compliance Manager



Primary Care Giver



Date



Date