

Foster Family Home - Deficiency Report

Provider ID: 1-210061

Home Name: Edison Enriquez, CNA

Review ID: 1-210061-3

94-814 Hohiu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/31/2022

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, RN 5/31/22

Compliance Manager

Date

Primary Care Giver

Date