

Foster Family Home - Deficiency Report

Provider ID: 1-180050

Home Name: Emisel Guittap, CNA

Review ID: 1-180050-7

94-770 Kupuohi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/13/2022

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.

Maribel Nakamine, RN *6/13/22*

Compliance Manager

Date

[Signature]

Primary Care Giver

6/13/22

Date