

# Foster Family Home - Deficiency Report

Provider ID: 1-120060

Home Name: Edsa Almazan, CNA

Review ID: 1-120060-11

94-295 Loaa Street

Reviewer: Po Lim

Waipahu HI 96797

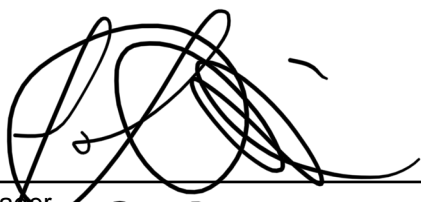

Begin Date: 8/2/2022


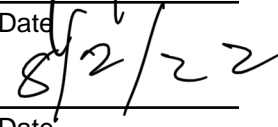
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) Unannounced recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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

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