

# Foster Family Home - Deficiency Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-13

94-493 Hiwahiwa Way

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/29/2022

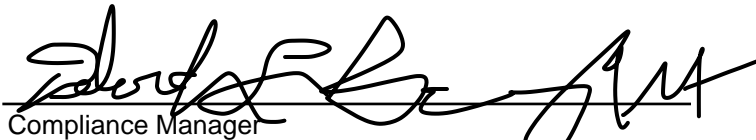
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date