

Foster Family Home - Deficiency Report

Provider ID: 1-180066

Home Name: Josefina Clare Briones, CNA

Review ID: 1-180066-8

94-249 Paiwa Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 8/23/2022

Foster Family Home

Required Certificate

[11-800-6]

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

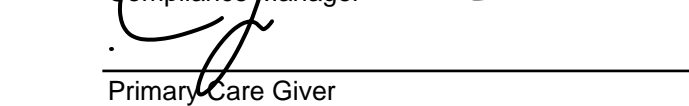
Comment:

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

CCFFH is in compliance with all requirements.



Compliance Manager



Primary Care Giver

8/23/22

Date

8/23/22

Date