

# Foster Family Home - Deficiency Report

Provider ID: 1-140076

Home Name: Emil Novesteras Jr., CNA

Review ID: 1-140076-11

94-277 Paiwa Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 9/28/2022

Foster Family Home

Required Certificate


[11-800-6]

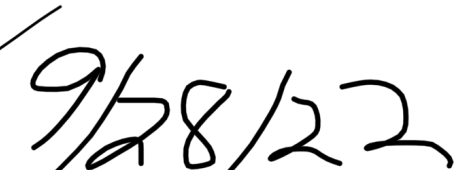

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

CCFFH is in compliance with all requirements.

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

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