

# Foster Family Home - Deficiency Report

Provider ID: 1-100095

Home Name: Emie Joy Pomoy, RN

Review ID: 1-100095-15

1676 California Avenue

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 11/15/2022

**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 conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

*Maribel Nakamine, RN*

Compliance Manager

Date

*11/15/22*

Primary Care Giver

Date

*11/15/22*