

Foster Family Home - Deficiency Report

Provider ID: 1-510728

Home Name: Esmeralda Laxamana, CNA

Review ID: 1-510728-12

94-472 Kuahui Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/19/2022


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


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

Comment:

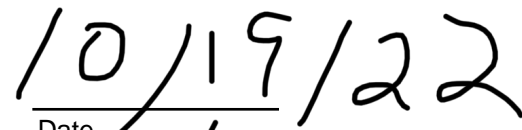
6.d.1- Unannounced annual inspection conducted. No deficiencies found.

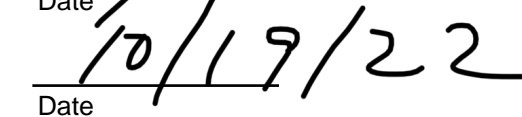
CCFFH is in compliance with all requirements.



Compliance Manager 

Primary Care Giver



Date


Date