

Foster Family Home - Deficiency Report

Provider ID: 1-190003

Home Name: Frederick Jose, CNA

Review ID: 1-190003-8

94-398 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/14/2022

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

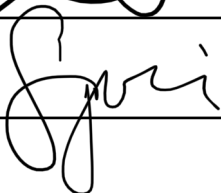
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

11/14/2022

Date

11/14/22

Date