

Foster Family Home - Deficiency Report

Provider ID: 1-100022

Home Name: Jovita Corcino, CNA

Review ID: 1-100022-14

1559 Ala Napunani Street

Reviewer: Po Lim

Honolulu HI 96818

Begin Date: 10/18/2022

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

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


Comment:

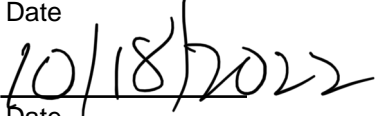
6(d)(1) Unannounced recertification inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date