

# Foster Family Home - Deficiency Report

Provider ID: 1-160027

Home Name: Jennifer Guillermo, CNA

Review ID: 1-160027-11

94-823 Lumikuke Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/23/2023

**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 home visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, Rev      1/23/23  
Compliance Manager      Date  
Jennifer Guillermo      1/23/23  
Primary Care Giver      Date