

Foster Family Home - Deficiency Report

Provider ID: 1-170011

Home Name: Jerry G. Nacion Jr., CNA

Review ID: 1-170011-10

99-104 Puakala Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 4/18/2023

Foster Family Home

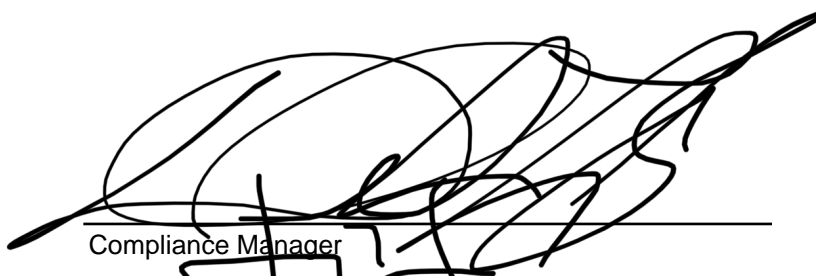
Required Certificate

[11-800-6]


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

Comment:

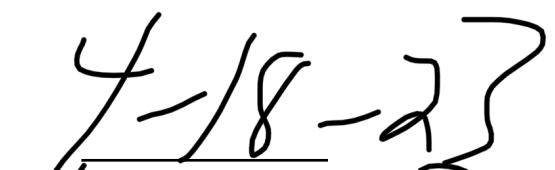
6.d.1- Home visit made for a 2-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



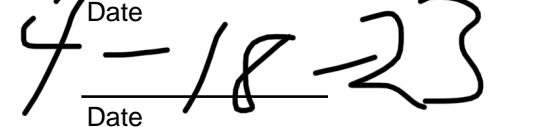
Compliance Manager



Primary Care Giver



Date



Date