

Foster Family Home - Deficiency Report

Provider ID: 1-170042

Home Name: Jesusa Miguel, CNA

Review ID: 1-170042-12

94-1591 Waipahu Street #C

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/13/2023

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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 4/13/23

Compliance Manager Date

Miguel 4/13/23

Primary Care Giver Date