

# Foster Family Home - Deficiency Report

Provider ID: 1-626054

Home Name: Susan Jung, CNA

Review ID: 1-626054-12

98-1558 Hoomahilu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 3/23/2023

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 3/23/23  
Compliance Manager  
3/23/23  
Primary Care Giver  
Date  
3/23/23  
Date