

Foster Family Home - Deficiency Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-13

94-493 Hiwahiwa Way

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/29/2022

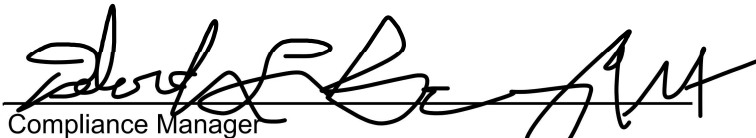
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



Compliance Manager



Date



Primary Care Giver



Date