

Foster Family Home - Deficiency Report

Provider ID: 1-230043

Home Name: Jeffrey Nino, NA

Review ID: 1-230043-1

94-456 Ikepono Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/22/2023

Foster Family Home

Required Certificate

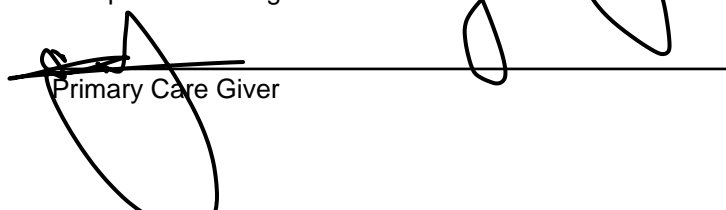
[11-800-6]

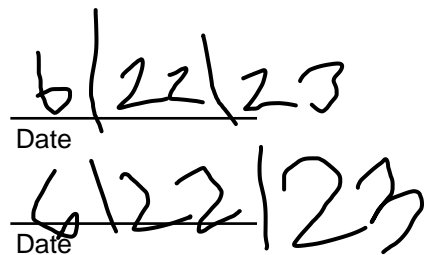

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date

Date