

Foster Family Home - Deficiency Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-15

94-493 Hiwahiwa Way

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/23/2023

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 6/23/23
Compliance Manager Date
Esperanza Javier 6/23/23
Primary Care Giver Date