

Foster Family Home - Deficiency Report

Provider ID: 1-220069

Home Name: Jonalyn Robles, NA

Review ID: 1-220069-3

94-854 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/17/2023


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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

 Compliance Manager	 Primary Care Giver	 Date 7/17/23
		 Date 7/17/23