

Foster Family Home - Deficiency Report

Provider ID: 1-628125

Home Name: Janette Nino, CNA

Review ID: 1-628125-13

94-1235 Kahuaina Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/24/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection



Compliance Manager

7/24/23

Date

Primary Care Giver

7/24/23

Date