

# Foster Family Home - Deficiency Report

Provider ID: 1-210076

Home Name: Jovelyn Cabradilla, NA

Review ID: 1-210076-5

94-233 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/7/2023

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.

Maribel Nakamine  
Compliance Manager  
Date 8/7/23  
J. Cabradilla  
Primary Care Giver  
Date 8/7/23