

Foster Family Home - Deficiency Report

Provider ID: 1-120055

Home Name: Edita Magsipoc, CNA

Review ID: 1-120055-15

94-430 Kahualoa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/12/2023

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, Rev 9/12/23
Compliance Manager Date
[Signature] 9/12/23
Primary Care Giver Date