

Foster Family Home - Deficiency Report

Provider ID: 1-140076

Home Name: Emil Novesteras Jr., CNA

Review ID: 1-140076-13

94-277 Paiwa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 9/7/2023

Foster Family Home

Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

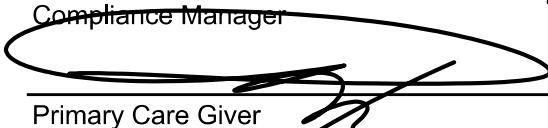
Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver

Date 9/7/23
Date 9/7/23