

Foster Family Home - Deficiency Report

Provider ID: 1-100095

Home Name: Emie Joy Pomoy, RN

Review ID: 1-100095-17

1676 California Avenue

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 11/22/2023

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


Primary Care Giver

11/22/23

Date
11/22/23

Date