

Foster Family Home - Deficiency Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

Review ID: 1-160096-13

94-610 Hiahia Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/2/2023

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, RN 10/2/23
Compliance Manager Date
Jelly Repuya
Primary Care Giver Date 10/2/23