

Foster Family Home - Deficiency Report

Provider ID: 1-599946

Home Name: Carmenchu Cortez, CNA

Review ID: 1-599946-15

94-885 Kaaholo Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

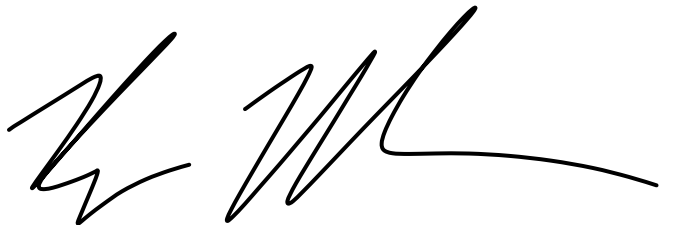
Begin Date: 1/23/2024

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 annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

Primary Care Giver

1/23/24
Date
1/23/24
Date