

# Foster Family Home - Deficiency Report

Provider ID: 1-230024

Home Name: Jenny Andres, RN

Review ID: 1-230024-3

94-1003 Kuakolu Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/16/2024



Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

 _____ Compliance Manager	 _____ Primary Care Giver	<u>1/16/24</u> Date <u>1/16/24</u> Date
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