

Foster Family Home - Deficiency Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-15

94-1169 Kahuanui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/7/2023

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 2-bed recertification inspection.

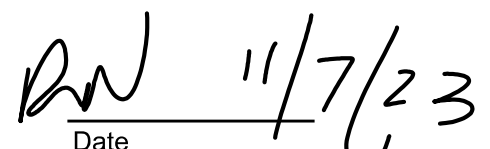
CCFFH met all requirements at the time of inspection.



Compliance Manager

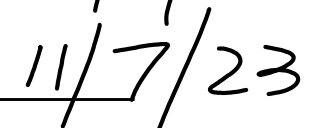


Primary Care Giver

 11/7/23

Date

Date

 11/7/23