

Foster Family Home - Deficiency Report

Provider ID: 1-190003

Home Name: Frederick Jose, CNA

Review ID: 1-190003-10

94-398 Kahuanani Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 12/8/2023

Foster Family Home **Required Certificate** **[11-800-6]**

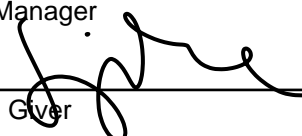
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

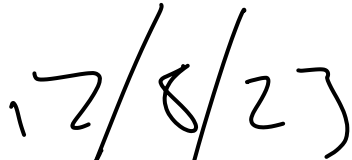
6.(d)(1) – Unannounced annual inspection made for a 3bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.




Compliance Manager



Primary Care Giver



Date


Date