

Foster Family Home - Deficiency Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA

Review ID: 1-628167-16

91-1053 Kuhina Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/3/2024


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 visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date