

Foster Family Home - Deficiency Report

Provider ID: 1-100086

Home Name: Josephine Jacinto, CNA

Review ID: 1-100086-15

94-479 Hiapaiolo Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/12/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine *RMN 4/12/24*

Compliance Manager Date

Josephine Jacinto *4/12/24*

Primary Care Giver Date