

Foster Family Home - Deficiency Report

Provider ID: 1-120024

Home Name: Judith Sanchez, CNA

Review ID: 1-120024-17

94-231 Kiaha Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 2/28/2024

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, RN 2/28/24
Compliance Manager Date
J Sanchez 2/28/24
Primary Care Giver Date