

Foster Family Home - Deficiency Report

Provider ID: 1-628125

Home Name: Janette Nino, CNA

Review ID: 1-628125-15

94-1235 Kahuaina Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 6/4/2024

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

6/4/24
Date
6/4/24
Date