

Foster Family Home - Deficiency Report

Provider ID: 1-230064

Home Name: Kathrina Jones
Agngarayngay, CNA

Review ID: 1-230064-3

94-132 Poohuku Way

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/16/2024

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 1-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN *5/16/24*

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

5/16/24