

Foster Family Home - Deficiency Report

Provider ID: 1-220069

Home Name: Jonalyn Robles, NA

Review ID: 1-220069-5

94-854 Kaaholo Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 6/14/2024

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 annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

6/14/24
Date
6/14/24
Date