

Foster Family Home - Deficiency Report

Provider ID: 1-509929

Home Name: Jonathan Beltran, CNA

Review ID: 1-509929-16

94-1028 Hohola Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/27/2024

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

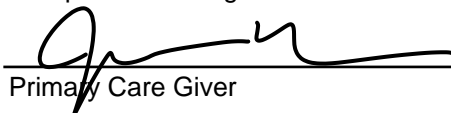
Comment:

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.

CCFFH to decrease to 2 bed CCFFH.



Compliance Manager



Primary Care Giver



Date

Date