

# Foster Family Home - Deficiency Report

Provider ID: 1-150026

Home Name: Lilian Joaquin, RN

94-1078 Hoomakoa Street

Waipahu

HI 96797

Review ID: 1-150026-16

Reviewer: Maribel Nakamine

Begin Date: 7/31/2024

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 7/31/24

Compliance Manager

*Maribel Nakamine*

Primary Care Giver

Date

7/31/24

Date