

Foster Family Home - Deficiency Report

Provider ID: 1-190003

Home Name: Frederick Jose, CNA

Review ID: 1-190003-12

94-398 Kahuanani Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 10/29/2024

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

10/29/24

Date
10/29/24

Date