

# Foster Family Home - Deficiency Report

Provider ID: 1-100095

Home Name: Emie Joy Pomoy, RN

Review ID: 1-100095-19

1676 California Avenue

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 11/15/2024

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

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


Comment:

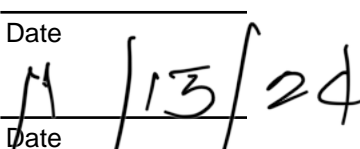
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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