

Foster Family Home - Deficiency Report

Provider ID: 1-240026

Home Name: Jovelyn Gasmen, RN

Review ID: 1-240026-1

94-543 Hiahia Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/28/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David D. Ayling RN

Compliance Manager

[Signature] RN

Primary Care Giver

3/28/2024

Date

3/28/2024

Date