

Foster Family Home - Deficiency Report

Provider ID: 1-180094

Home Name: Joy Calma, CNA

Review ID: 1-180094-13

94-734 Kaiao Street

Reviewer: Deborah Baumgart

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 visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager
X Joy Calma

Primary Care Giver



Date
10/29/24

Date