

# Foster Family Home - Deficiency Report

Provider ID: 1-564014

Home Name: Joy Muncal, CNA

Review ID: 1-564014-18

94-1040 Hahana Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 11/26/2024

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

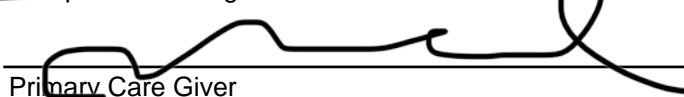
6.(d)(1)      Comply with all applicable requirements in this chapter; and

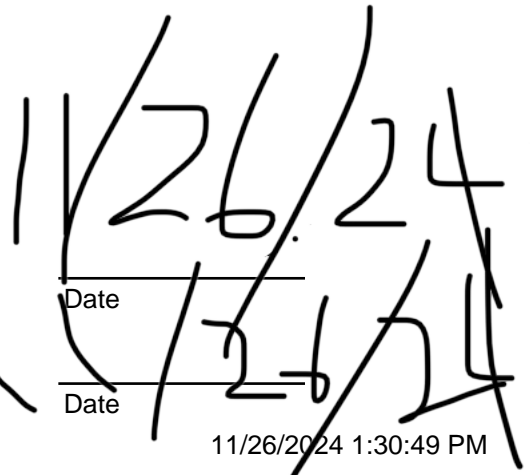
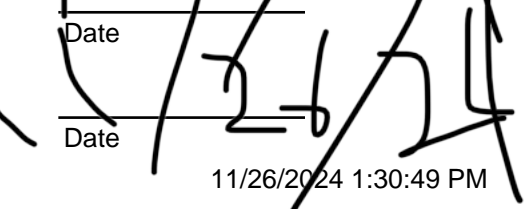
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Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date