

Foster Family Home - Deficiency Report

Provider ID: 1-210041

Home Name: Sharmaine Andres, CNA

Review ID: 1-210041-7

91-726 Koalipehu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/5/2024

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

S. Maimon clay
Primary Care Giver



Date

2/5/24
Date