

Foster Family Home - Deficiency Report

Provider ID: 1-110026

Home Name: Osmeria Aquino, CNA

Review ID: 1-110026-15

94-1111 Awaiki Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/19/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 11/19/24
Compliance Manager Date
Osmeria Aquino 11/19/24
Primary Care Giver Date