

Foster Family Home - Deficiency Report

Provider ID: 1-578859

Home Name: Florentina Nunez, CNA

Review ID: 1-578859-18

99-285 Ohenana Loop

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 4/1/2025

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

4/1/25
Date
4/1/25
Date