

# Foster Family Home - Deficiency Report

Provider ID: 1-150049

Home Name: Jomar M. Espiritu, CNA

Review ID: 1-150049-17

94-392 Kuahui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/14/2026

**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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date