

Foster Family Home - Deficiency Report

Provider ID: 1-230009

Home Name: Sherir Joy D. Rafael, CNA

Review ID: 1-230009-8

94-428 Kauhui Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/22/2025

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

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

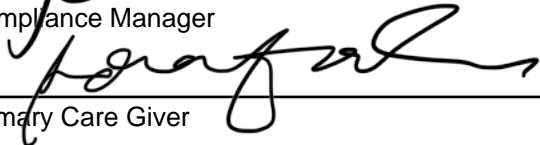
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

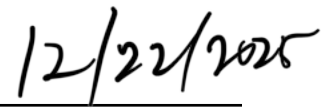
CCFFH met all requirements at the time of the inspection.



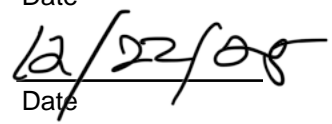
Compliance Manager



Primary Care Giver



Date



Date