

Foster Family Home - Deficiency Report

Provider ID: 1-240062

Home Name: Jenalyn Remigio, NA

Review ID: 1-240062-4

94-1273 Kahuanui Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/2/2026

Foster Family Home	Required Certificate	[11-800-6]
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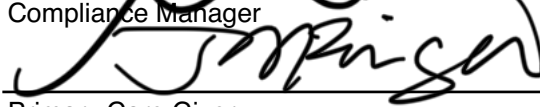
6.(d)(1) Comply with all applicable requirements in this chapter; and

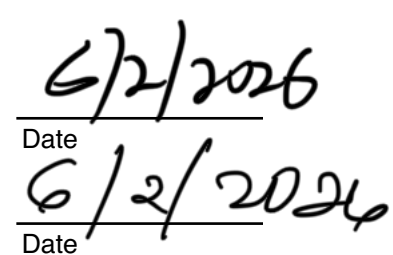
Comment:

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

CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver


Date

Date