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]**

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

6/2/2026
Date

Primary Care Giver

6/2/2026
Date