

# Foster Family Home - Deficiency Report

Provider ID: 1-200053

Home Name: Liabelle Cadiz, RN

Review ID: 1-200053-3

1500 Hooli Circle

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 8/2/2021

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

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

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Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

*Maribel Nakamine, RN*      *8/2/2021*

Compliance Manager

Date

*Liabelle C Cadiz*

*8/2/21*

Primary Care Giver

Date