

# Foster Family Home - Deficiency Report

Provider ID: 1-170074

Home Name: Dyan Peroche Clariz, CNA

Review ID: 1-170074-8

94-305 Waikele Rd., #B

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/23/2021

**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 recertification inspection conducted.

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

Maribel Nakamine, RW 9/23/2021  
Compliance Manager      Date

Dyan Peroche Clariz  
Primary Care Giver      09-23-2021  
Date