

# Foster Family Home - Deficiency Report

Provider ID: 1-511099

Home Name: Imelda Viernes, CNA

Review ID: 1-511099-10

94-583 Apii Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/4/2021

**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 3 bed certification.

Maribel Nakamine, KC      11/4/2021

Compliance Manager

Date

Imelda Viernes

11/4/2021

Primary Care Giver

Date