

Foster Family Home - Deficiency Report

Provider ID: 1-633728

Home Name: Lorna Macaburas, CNA

Review ID: 1-633728-9

1459 Hoohaku Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/2/2021

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, RN 12/2/2021
Compliance Manager Date
Jane 12/2/21
Primary Care Giver Date