

Foster Family Home - Deficiency Report

Provider ID: 1-610502

Home Name: Erlinda Kimura, RN

Review ID: 1-610502-9

17 Lihi Way

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 12/22/2021

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 annual inspection conducted. No deficiencies found.

Maribel Nakamine, RN 12/22/21

Compliance Manager

Date

Erlinda I. Kimura

12-22-21

Primary Care Giver

Date