

# Foster Family Home - Deficiency Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-9

66-992 Oliana Street

Reviewer: Maribel Nakamine

Waialua

HI 96791

Begin Date: 3/16/2022

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, RN 3/16/22  
Compliance Manager Date  
Response for PLG 3/16/22  
Primary Care Giver Date  
Leilanie Sacro