

Foster Family Home - Deficiency Report

Provider ID: 1-190051

Home Name: Lerisa Morales Calip, CNA

Review ID: 1-190051-6

1618 Nakula Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/3/2022

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 annual inspection conducted. CCFFH is in compliance with all requirements.

Maribel Nakamine, RN 3/3/22
Compliance Manager Date

[Signature] 3/3/22
Primary Care Giver Date