

Foster Family Home - Deficiency Report

Provider ID: 1-170087

Home Name: Marian Nakahashi, RN

Review ID: 1-170087-7

94-1144 Eleu Street

Reviewer: David Ayling

Waipahu HI 96796

Begin Date: 12/10/2021

Foster Family Home

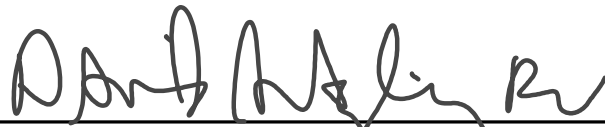
Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

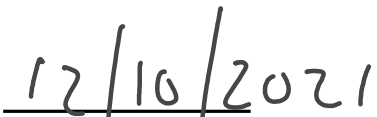
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



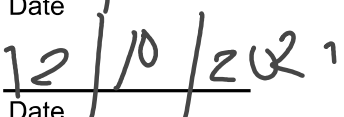
Compliance Manager



Primary Care Giver



Date



Date