

Foster Family Home - Deficiency Report

Provider ID: 1-634908

Home Name: Noly Bacerra, CNA

Review ID: 1-634908-10

94-921 Kuakahi Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/4/2022

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} ~~3-bed~~ certification.

Maribel Nakamine, RN 2/4/22

Compliance Manager

Date



Primary Care Giver

2/4/22

Date