

Foster Family Home - Deficiency Report

Provider ID: 1-190035

Home Name: Aurelio Rapio Jr., CNA

Review ID: 1-190035-7

1135 Ukana Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 4/12/2022

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 3-bed certification.

Maribel Nakamine, RC 4/12/22

Compliance Manager

Date

[Signature]
Primary Care Giver

4/12/22
Date