

Foster Family Home - Deficiency Report

Provider ID: 1-562901

Home Name: Emylyn Barr, CNA

Review ID: 1-562901-12

181 Hakuone Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 5/26/2022

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, M *5/26/22*

Compliance Manager

Date

E. Barr

5/24/22

Primary Care Giver

Date