

# Foster Family Home - Deficiency Report

Provider ID: 1-582248

Home Name: Ma Lournalee Asuncion, CNA

Review ID: 1-582248-12

98-544 Kaamilo Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 8/8/2022


**Foster Family Home**      **Required Certificate**      **[11-800-6]**

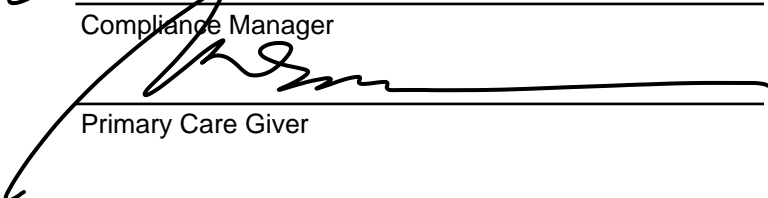
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

  
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Compliance Manager      Date 8/8/22

  
\_\_\_\_\_  
Primary Care Giver      Date 8-08-22