

Foster Family Home - Deficiency Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA

Review ID: 1-160081-9

98-073 Lokowai 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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, RN 8/8/22

Compliance Manager Date

[Signature] 8/8/22

Primary Care Giver Date