

Foster Family Home - Deficiency Report

Provider ID: 5-120063

Home Name: Emily Mariano, CNA

Review ID: 5-120063-14

3250 Unahe Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 9/13/2022

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

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

Comment:

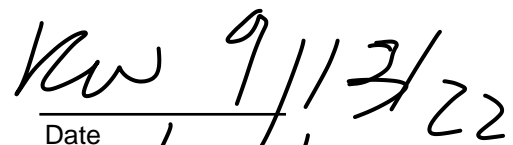
6.d.1- Unannounced recertification inspection conducted.

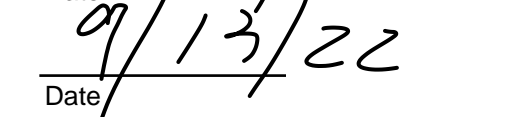
CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.



Compliance Manager


Primary Care Giver



Date


Date