

Foster Family Home - Deficiency Report

Provider ID: 1-567141

Home Name: Angelina Lopez, RN

Review ID: 1-567141-12

95-253 Hakupokano Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 9/22/2022

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

Compliance Manager

Angelina Lopez

Primary Care Giver

9/22/22

Date

9/22/22

Date

9/22/2022 12:58:07 PM