

Foster Family Home - Deficiency Report

Provider ID: 1-610502

Home Name: Erlinda Kimura, RN

Review ID: 1-610502-11

17 Lihi Way

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 11/23/2022

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, RN *11/23/22*

Compliance Manager

Date

Erlinda I. Kimura

11/23/22

Primary Care Giver

Date