

# Foster Family Home - Deficiency Report

Provider ID: 1-100108

Home Name: Miriam Brillante, CNA

Review ID: 1-100108-13

35 Makani Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 10/26/2022

Foster Family Home

Required Certificate


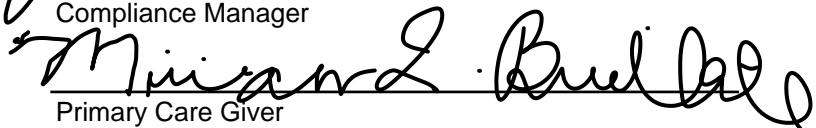
[11-800-6]

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

Comment:

6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

  
Compliance Manager  
  
Primary Care Giver

10/26/22  
10/26/22