

Foster Family Home - Deficiency Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

Review ID: 1-563751-14

94-1067 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/18/2023

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 4/18/23
Compliance Manager Date
[Signature] 4/18/23
Primary Care Giver Date