

Foster Family Home - Deficiency Report

Provider ID: 1-110018

Home Name: Charly Micua, CNA

Review ID: 1-110018-14

94-423 Hiahia Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/30/2023

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 to a 3-bed recertification inspection.

CCFFH met all requirements at the time of recertification.

Maribel Nakamine, RW 1/30/23
Compliance Manager Date
[Signature] 1/30/23
Primary Care Giver Date