

Foster Family Home - Deficiency Report

Provider ID: 1-562901

Home Name: Emylyn Barr, CNA

Review ID: 1-562901-14

181 Hakuone Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 4/26/2023

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 annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN ^{4/26/23}
Compliance Manager
Emylyn Barr
Primary Care Giver 4/26/23
Date Date