

Foster Family Home - Deficiency Report

Provider ID: 1-559164

Home Name: Leilanie Sacro, RN

Review ID: 1-559164-11

66-992 Oliana Street

Reviewer: Maribel Nakamine

Waialua

HI 96791

Begin Date: 4/24/2023

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 2-bed annual inspection.

CCFFH met all requirements at the time of inspection..

Maribel Nakamine, RN 4/24/23
Compliance Manager
[Signature]
Primary Care Giver
Date 4/24/23
Date 4/24/23