

Foster Family Home - Deficiency Report

Provider ID: 1-190051

Home Name: Lerisa Morales Calip, CNA

Review ID: 1-190051-8

1618 Nakula Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/7/2023

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, Rv 3/7/23

Compliance Manager

Primary Care Giver

Date

Date