

Foster Family Home - Deficiency Report

Provider ID: 1-562034

Home Name: Lydia Carpio, CNA

Review ID: 1-562034-13

94-1046 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/19/2023

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 is in compliance with all requirements.

Maribel Nakamine, RN 4/19/23
Compliance Manager Date
A. Carpio 4/19/23
Primary Care Giver Date